

SFV-CAMFT SCHOLARSHIP APPLICATION

First Name _____ Last Name _____

Check appropriate status:

Student/Trainee Name of school: _____

If Student/Trainee, must provide proof of registration for Spring 2021 Academic Enrollment

Registered Intern BBS Intern # _____

Licensed MFT BBS License # _____

Please complete the following questionnaire and statement opportunity that will serve as your Scholarship Application. Please use another sheet of paper if you need more space.

QUESTIONNAIRE AND STATEMENT OF CANDIDATE FOR SCHOLARSHIP FOR ONE-YEAR MEMBERSHIP TO SFV-CAMFT

1). "I decided to become a Marriage and Family Therapist because . . ."

2). "The California Association of Marriage and Family Therapists is important to me because. . ."

3). Your statement of personal goals with regard to being an LMFT:

4). Talk about your greatest challenges to reaching your personal goals, please include financial obstacles if relevant :

5). How would receiving this scholarship help you to further your professional goals in a way that you have not been able to do so already?

6). List community involvement or volunteer work:

7). List SFV-CAMFT or CAMFT volunteer or involvement work:

Name: _____

Date: _____

Address: _____

Phone: _____

E-mail: _____

Scholarship winners will be contacted in advance of December 18, 2020 and invited to receive their awards at the January Experiential event on January 10, 2021.

Please submit your application for consideration by Friday, December 11, 2020 to sfvcamftpre@gmail.com. All questions in regard to the application or the awards event can also be directed to this email.