

The Center for Applied Psychological and Family Studies in conjunction with The Graduate School and The Family Institute at Northwestern University

# Master of Science in Marriage and Family Therapy Application for Scholarship and Assistantship

The Family Institute Bette D. Harris Center 618 Library Place Evanston, IL 60201 www.family-institute.org

Northwestern

The Center for Applied Psychological and Family Studies



The Family Institute's scholarship program provides a limited number of scholarship assistance for students enrolled in the Master of Science in Marriage and Family Therapy program. All scholarships and assistantships are awarded for two years. Those applying for a scholarship and/or assistantship must complete the following requirements.

### Awards are based on the following criteria:

- (1) Financial need and/or merit
- (2) Experience and/or interest in working with culturally diverse populations

#### To apply for scholarship assistance, the following forms must be submitted to the program:

- a. The Scholarship **Request Form** with a two-page essay explaining why the you should be a recipient of this award. The essay should address the criteria above.
- b. Completion of the attached **Financial Summary** of the applicant's annual and monthly income and expenses.
- c. A copy of the IRS 1040 income tax form submitted by the applicant for the most recent year to the Internal Revenue Service.

Submit these materials to the Education Coordinator, The Family Institute, 618 Library Place, Evanston, IL 60201. Questions can be addressed to the Education Coordinator at (847) 733-4300, extension 206. For more information regarding the scholarships, please visit <u>www.family-institute.org</u>.

NOTE: Consideration for a scholarship will occur after the applicant has been accepted into the master's programs and upon submission of the Scholarship application.





## Scholarship Assistance Request Form

| Section 1: Applicant Inform   | ation     |                           |                  |   |              |                   |  |
|---|-----------|---------------------------|------------------|---|--------------|-------------------|--|
| Name  |           |                           | Date of Birth    |   | Phone        |                   |  |
|   |           |                           |                  |   |              |                   |  |
| Address   |           |                           | City             |   | State        | Postal Code       |  |
|   |           |                           | · · · · · ·      |   |              |                   |  |
| Email   |           |                           | Race/Ethnicity   |   | Gender       | Gender            |  |
|   |           |                           |                  |   |              |                   |  |
| Section 2: Financial Need   |           |                           |                  |   |              |                   |  |
| Marital Status  |           | Number of Dependents Depe |                  | Depen   | ndents' Ages |                   |  |
|   |           |                           |                  |   |              |                   |  |
| The information you provide beginning September 2019, yo expenses and support |           |                           | •                | • •   |              | -                 |  |
| Monthly Income  |           | Monthly Exp               | Monthly Expenses |   |              |                   |  |
| Annual Gross Salary – Self  | \$        |                           | Rent/Mortg       | Rent/Mortgages  |              | \$                |  |
| Annual Gross Salary –<br>Spouse   | \$        |                           | Loan Payme       | Loan Payments   |              | \$                |  |
| Real Estate Income  | \$        |                           | Medical Bills    | Medical Bills   |              | \$                |  |
| Other Income (Explain<br>Below)   | \$        |                           | Insurance        | Insurance   |              | \$                |  |
|   |           |                           | Other Expen      | ses (explain)   | \$           |                   |  |
| Total Monthly Income  | \$        |                           | Total Month      | Total Monthly Expenses                                      |              | \$                |  |
| Indicate the amount in each category below                                    |           |                           |                  | Indicate the amount of support from<br>parent/partner/other |              |                   |  |
| Savings   | \$        |                           | Tuition Supp     | Tuition Support   |              | \$                |  |
| Other Assets  | \$        |                           | Living Expen     | Living Expenses Support                                     |              | \$                |  |
| Car Year/Model  |           |                           | Other Suppo      | Other Support (Explain)                                     |              |                   |  |
| Attach a copy of the IRS 10 recent year.                                      | 40 income | e tax form that y         | you submitted to | the Internal  | Revenue Ser  | vice for the most |  |

Attach a two-page essay explaining why you should receive this award. The essay should address the criteria (see p.1) on which awards are based.

#### Statement of Agreement

I understand that the information provided in this application will be used exclusively for the purpose of determining scholarship assistance.

I understand that receiving scholarship assistance will require a commitment to service in a Family Institute clinical, research, and academic related activity such as:

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- participation in a Family Institute Community Program
- assisting a Professor or Education Program Director
- working with research team

I further understand that if my status changes (i.e. (1) satisfactory academic and clinical performance (2) financial circumstances (3) inability to participate in Family Institute community settings), the scholarship assistance may be withdrawn. I agree to immediately report any change of application status to the Education Program Director.

I attest that all the information submitted in support of this scholarship request is true and accurate.

| Signiture | Date |
|-----------|------|
|           |      |

