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|  | Top of Form  **INTERNATIONAL SCHOOL PSYCHOLOGY ASSOCIATION APPLICATION FORM FOR ISPA FINANCIAL AID**  1. First Name Surname  2. Native Language  3. Gender: Female  Male  4. Address:  5. Home Phone       (Give country code first)  6. Work Phone  7. Fax No.  8. E-mail  9. Are you a current member of ISPA? Yes    No  10. Are you a current member of a local or national school psychology organization? Yes  No  11. Name of organization  12. Are you: A School Psychologist? Retired?  a) Practitioner? b) Trainer? Other (Specify)  13. What contributions have you made to School Psychology?  14. Who is nominating you for this scholarship?  15. Why are you applying for financial aid? (explain your financial need)  16. Your goal if financial aid is awarded  17. What specific activities will you perform to reach the goal stated in number 16?  18. Please list the names of the other associations or organizations you have  requested assistance from:  19. Have you received financial aid from a source other than ISPA?  Yes    No  If yes, was financial aid awarded? Yes    No  Amount  Name of source  20. Have you received financial assistance from ISPA's Cal Catterall Fund previously?  Yes    No   If Yes, when?  21. If employed, please print the names and addresses of two professional references (not relatives)  **A                                                         B**    22. If a student, please print the name, address and position of your major professor or advisor  23. Financial aid requested: The following amounts will be preset by LOC:  Registration:   Yes    No  Accommodations (dormitory only), July 16-20:  Yes    No  Extra Meal Allowance:   Yes    No  Other: If requesting additional funds please indicate the amount and justify  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  24. By submitting this request, I declare that I have not misrepresented or falsified any of the above information. Further, I understand that if the terms of the financial aid award are violated, I must return to the International School Psychology Association the full amount of the award which was granted.  Name:     Date:  **\*\*\* A RESUME OR VITA MUST BE ATTACHED TO THIS APPLICATION \*\*\* Please submit electronically to: callueng@rowan.edu**  ***Carmelo Callueng, Chair, Cal Catterall Fund***    Bottom of Form |