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|    |   Top of Form**INTERNATIONAL SCHOOL PSYCHOLOGY ASSOCIATIONAPPLICATION FORM FOR ISPA FINANCIAL AID**1. First Name Surname 2. Native Language  3. Gender: Female  Male4. 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    No10. Are you a current member of a local or national school psychology organization? Yes  No11. 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    NoIf 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    NoOther: 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 |