

# BGSP Application for Institutional Financial Aid

Boston Graduate School of Psychoanalysis

• 1581 Beacon Street • Brookline, Massachusetts 02446 •  
• Phone: (617) 277-3915 • Fax: (617) 277-0312 •

Students requesting Institutional Aid for the 2017-18 academic year should complete and return this form to the Financial Aid Office at BGSP. Requests are reviewed upon receipt and you will be notified of the amount of your award after review.

## Student Information:

Name:	Program of Study:
Address:	Phone:
	Email:

## Select the institutional plan(s) you are requesting from the options below:

- Pioneer Scholarship for Social Justice**
  - o Semester of Enrollment: \_\_\_\_\_
  - o Number of credits enrolled: \_\_\_\_\_
- Level B advanced student**
  - o Date of Clinical Presentation: \_\_\_\_\_
  - o Required Level B Coursework Complete?    Yes    No
  - o Advisor Name: \_\_\_\_\_
- School-Based Intern**
  - o Semester(s) of Internship: \_\_\_\_\_
- Faculty Family**
  - o Name of Faculty member: \_\_\_\_\_
  - o Relation to Faculty Member: \_\_\_\_\_
  - o Number of credits enrolled: \_\_\_\_\_
- Former VGSP student**
- BGSP Employee**
  - o Job Title: \_\_\_\_\_
- Therapy Center Fellow**
  - o Semester(s) of Fellowship: \_\_\_\_\_
- On-Campus Assistantship**
  - o Job Title: \_\_\_\_\_
  - o Supervisor Name: \_\_\_\_\_
- Other (please describe):**

For Office Use Only:
<u>Pioneer:</u> Award =
<u>LB:</u> Award =
<u>SBInt:</u> Award =
<u>FacFam:</u> Award =
<u>VGSP:</u> Award =
<u>EMP:</u> Award =
<u>TC:</u> Award =
<u>Asst:</u> Award =
<u>Oth:</u> Award =
Date Appr.: _____
Verified By: _____
Award Letter Sent: _____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2017-18 Academic Year