

# Career Advancement Scholarship Application

Boston Graduate School of Psychoanalysis  
Office of Financial Aid – BGSP • NYGSP • BGSP-NJ  
• 1581 Beacon Street • Brookline, Massachusetts 02446 •  
• Phone: (617) 277-3915 • Fax: (617) 277-0312 •

The Career Advancement Scholarship is available to selected graduate students entering the M.A. program in Mental Health Counseling. Eligible candidates have completed at least a Bachelor's degree and have been employed in a clinical human service agency in the United States (such as a hospital, residential facility, or in-home intervention program) for at least one year at the time of first application to BGSP. The scholarship offers up to 20% of course tuition, renewable each semester for up to two years, as long as the student maintains good academic standing. Open to students at the Boston and New Jersey campuses.

## Section 1: Student Information

Name: \_\_\_\_\_ Program: M.A. in Mental Health Counseling  
Semester of Enrollment: \_\_\_\_\_ Number of credits enrolled: \_\_\_\_\_

I certify the following:

- ✓ I have met all requirements for admission to BGSP      yes no
- ✓ I consent to verification of my employment      yes no

## Section 2: Employer Information

*(If more space is needed, please attach additional pages)*

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Employer phone number: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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I authorize the staff at the employer(s) listed in Section 2 above, and/or on the attached sheets, to verify my past or current employment status, including dates and type of employment. The Boston Graduate School of Psychoanalysis may use this information to confirm my eligibility for a graduate student scholarship. The information provided on this form is true and correct.

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

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### For Office Use Only:

Employment Confirmed?      yes no

Employer #1: \_\_\_\_\_  
Date verified: \_\_\_\_\_ by whom: \_\_\_\_\_  
BGSP Staff: \_\_\_\_\_

Employer #2: \_\_\_\_\_  
Date verified: \_\_\_\_\_ by whom: \_\_\_\_\_  
BGSP Staff: \_\_\_\_\_

BGSP Admission Date: \_\_\_\_\_  
Semester Course Tuition = \_\_\_\_\_  
% discount = \_\_\_\_\_ Approved? yes no

Semester Award Amount: \_\_\_\_\_  
Date Approved: \_\_\_\_\_ Initials: \_\_\_\_\_  
Award letter sent: \_\_\_\_\_