

**GRADUATE DEPARTMENT OF CLINICAL PSYCHOLOGY
GEORGE FOX UNIVERSITY**

**MINORITY/DIVERSITY SCHOLARSHIP APPLICATION
Re-Application Form**

The goal of the Minority/Diversity Scholarship Program in the Graduate Department of Clinical Psychology (GDCP) is to facilitate cultural/ethnic diversity in the student community and to encourage the provision of psychological services to under-served groups.

The GDCP faculty awards a limited number of minority scholarships each year to students admitted to the GDCP. Scholarship awards are made on the basis of financial need on an annual basis, and generally range from \$2000-\$5000 per year. Although awards are for one year, our intent is to provide financial support to qualified students throughout the four years of academic study (the internship year is excluded). Awards are renewable each year provided the qualified student maintains satisfactory academic and clinical progress, and contributes to the program's diversity awareness (e.g., participates in the GDCP Multicultural Committee).

It is expected that recipients will contribute to multicultural awareness on campus and/or provide services to diverse groups while enrolled in the GDCP. Scholarship recipients are required to apply for an APA Minority Scholarship within 12 months of receiving a scholarship from the GDCP.

A. Demographic Information

Name: _____

Address: _____

Email _____ Phone: _____

Ethnicity: __ African American __ Native American __ Asian American
 __ Euro-American __ Hispanic __ Pacific Islander
 __ Other: _____

B. Statement of Multicultural Contribution

Please compose brief responses to the following questions and attach them to this application form. Also include the completed Financial Need page (*reverse side*).

1. Describe your cultural/ethnic contribution to the GDCP program (or GFU generally) over this past year.
2. Describe how you think the GDCP program could highlight diversity more effectively in the coming year.
3. Please supply documentation that you have applied for an APA Minority Scholarship (or alternative) within 12 months of being awarded last school year's diversity scholarship.

Submit parts A and B along with C, Statement of Financial Need, to the GDCP Chairperson

MINORITY SCHOLARSHIP PROGRAM APPLICATION (continued)

Submit with Parts A and B of the scholarship application

C. Statement of Financial Need

The intention of the Minority Scholarship program is to provide financial support primarily to students of ethnic/cultural diversity who otherwise would find it very difficult or impossible to attend the Graduate Department of Clinical Psychology because of its considerable costs. Therefore, the follow information is requested in order to be fair in making financial awards. Please provide any and all information that would assist in making sound decisions. The information submitted will be considered confidential.

1. Adjusted gross income for the past tax year (as appearing on your submitted IRS tax form) (*include spouse's contribution, where applicable*) \$

2. Projected adjusted gross income for the current tax year (*include spouses contribution where applicable*) \$

3. Net value of assets, including cash, savings, checking accounts, real estate, all investments and anticipated gifts (e.g., from family members) that **could be applied** toward graduate school costs this upcoming school year. \$

4. Amount of other scholarships or grants anticipated for the upcoming school year. \$

5. Number of dependents in your immediate family for the upcoming school year.

6. Other than GFU costs, total amount of expenses making for financial hardship for the upcoming school year (e.g., remaining medical balances, spouse enrolled in school, etc.). (*explain*)_____ \$

7. Amount you project you must borrow this year for GDCP enrollment, excluding any stipend you may receive from this scholarship. \$

8. Approximate number of credit hours you intend to register for during the coming school year (fall + spring, + summer).

I understand the purpose and conditions of the GDCP Scholarship Program as described above, and attest to the accuracy of the information provided above.

Signature

_____/_____/_____
Date