

CANDIDATE LOW-FEE SUPERVISED ANALYTIC CASE
SCHOLARSHIP PROGRAM DISBURSEMENT REQUEST FORM

Scholarship funds are available to support candidates treating low-fee analytic control cases where the patient's weekly fee is lower than the weekly supervisory fee. You may request up to four disbursements each year, at intervals of your choice between one to six months.

Supervision Scholarship funds are disbursed to you, the Candidate. It is reliant upon you and your Supervisor(s) to determine a workable payment schedule to meet the \$100 supervisory session fee.

For each disbursement, please complete the form below. Indicate the dates of supervision, the total number of supervision sessions, the amount per session awarded, and the total amount requested at this time, and submit the form via email attachment to Paul Brennan, Business Manager, copying your supervisor.

Your supervisor should confirm by email to Paul Brennan or by signature below that the dates match his/her records. Scholarship funds will be disbursed to the candidate within 10 business days following receipt and confirmation of dates by your supervisor. All requests must be made by June 30 of the academic year.

Submit a separate form for each supervisor.

Candidate name: _____

Supervisor name: _____

**Period of time covered
by this request:** _____

Total supervisor fees paid this period: _____

Total patient fees received this period: - _____

Total amount requested at this time: = _____

Candidate signature: _____

Date: _____

Supervising Analyst signature: _____
(or your supervisor may email Paul Brennan)

Date: _____