



Scholarship Application for Academic Year 2027-2028

Application Deadline: March 1, 2027

Scholarship Awards will be announced on or by June 30, 2027

Name:
First Middle Last

Address:
Street

City State Zip Code

Primary phone number:

Secondary phone number:

E-Mail:

I am requesting a tuition scholarship in the amount of: \$

Please detail your reasons for seeking financial support:

I am requesting a scholarship for:

- ☐ Adult Analytic Training
- ☐ Child Analytic Training
- ☐ Combined Child/Adult Training
- ☐ ATP
- ☐ Fellowship
- ☐ Fellowship Child Track

**I will be a resident/ fellow in one of the Program
in Psychodynamics (PiP) in 2026-2027:**

- ☐ Harvard Child Consortium PiP
- ☐ Longwood PiP
- ☐ MGH PiP
- ☐ MGH Child PiP
- ☐ None of these

*Please note: PiP Residents are eligible for their specific
PiP Scholarship and do not need to submit any financial
information.*

Financial Information: *(not required for PiP Grant)*

Please provide the information requested below:

Earnings & Income : <i>(total per household)</i>	Current Annual Earnings	\$	
	Partner Earnings	\$	
	Savings	\$	
	Other Income/ Support	\$	

Liabilities & Expenses: <i>(per month)</i>	Rent or Mortgage	\$	
	Student Loans	\$	
	Other Monthly Expenses	\$	
	Other Loans	\$	

Please detail your future financial/employment/ practice expectations:

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****Important*** - Use this space to include anything else you would like the Committee to know in considering your application (such as dependents, etc.) and why you are asking for support. You may attach additional pages or a separate letter, if needed.

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Please attach a copy of your most recent, complete tax return. *If you are unable to submit a complete, current tax return - please state why and attach last year's return with a full description of any changes.

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Do you have reliable sources of income other than what is listed on your tax return?

YES ☐

NO ☐

If YES, please detail:

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For ALL Applicants:

With my signature I attest that I have no pending ethical complaints against me and that I am in good financial, ethical, and academic standing at my training institution / BPSI.

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Signature

Date

Equity:

☐

I self-identify as belonging to a historically marginalized or underrepresented group and/or my practice serves this population (*optional*).

Open Comments

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All application information will be highly confidential and limited to the Scholarship Committee team. Please submit your application via email by **March 1, 2027 to: Scholarship Review Committee at scholarships@bpsi.org**.

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