SWPA Scholarship Application Form
for the 2018 Annual Meeting of ASPA

Section I: For all applicants

1. Type of Scholarship Requested (please select only one category):
   a. Practitioner Scholarship _____
   b. Master’s Student Scholarship _____
   c. Doctoral Student Scholarship _____

2. Name: _______________________________________________________

3. Title (professional title or Master’s/Doctoral student):
   __________________________________________________________

4. Organization or University: _________________________________

5. Preferred Mailing Address: _________________________________
   __________________________________________________________

6. Email Address: ______________________________________________

7. Telephone: __________________________________________________

8. Are you a current ASPA member? Yes____ No____

9. Are you a current SWPA member? Yes____ No____

10. Are you willing to become an active SWPA member (for example, serve on the SWPA board or on a SWPA committee)? Yes____ No____

11. Have you submitted a proposal for the 2016 ASPA conference? Yes____ No____
12. If yes, what is the title of your proposal?

________________________________________________________________________________

13. Was your proposal accepted for this year’s ASPA conference? Yes____ No____

Section II: For Practitioner Applicants Only

14. Is your annual salary less than $50,000? Yes____ No____

Section III: For Student Applicants Only

15. Are you enrolled as a student in a graduate degree program? Yes____ No____

16. Full name of degree in progress _________________________________________________

GOOD LUCK!