**USPBSPA Financial Assistance Application**

USPBSPA is committed to making training in PBSP available to practitioners who, due to various circumstances may not have the means to afford training events, courses or longer training cycles. Towards that end, we have established a financial assistance application process.

We encourage you to honestly check in with yourself and ask: can I take this particular USPBSPA training without financial assistance or will I be unable to take this training without it? If you feel that assistance makes sense for you at this time, please fill out the application below.

It will be reviewed in confidence by our USPBSPA Financial Assistance Committee, and a determination will be made in as timely a manner as possible.

Please note-Financial assistance can be for 25% or 50% of the training cost for the 3-year training, and 25%, 50% or 75% of the training costs for other events. Please think about the level of your need for a particular training.

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| **Personal Information** | |
| Name: | |
| Address: | |
| Email: | |
| Phone: | |
| Mental Health Profession: | |
| Current Employer: | |
| Are you a student?  Yes  No | |
|  | If yes, what is your course of study and where are you enrolled? |
| Other modalities you’ve trained in: | |
| Degree(s) and date(s) you received your degrees: | |
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| USPBSPA event/program your need for financial assistance is for: | |
| Level of Financial Assistance Requested  25%  50%  75% | |
| Please give us a general idea of your financial situation at this time – the factors leading you to apply for a scholarship. Take as much space as you need. | |
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| How did you hear about PBSP? | |
| How do you see using PBSP in your work? | |
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Please email Completed Application to:

**Matt Fried, Ph.D.**

**USPBSPA Financial Assistance Committee**

**email: mattf@aol.com**

**phone: 917-701-6054**