Formal Application for ASPA Student Scholarship

Student Name

Home Address

Telephone Email address

University Departmental Advisor

Program \_\_\_M.S. \_\_\_Ed.S. \_\_\_Ph.D. Expected graduation date \_\_\_\_\_\_GPA \_\_\_

Are you a current student member of ASPA? \_\_Y) \_\_\_\_\_(N)

If Yes, since when? \_\_\_\_\_\_\_\_\_\_\_

Are you a current student member of NASP? \_ Y) \_\_\_\_\_(N)

If Yes, since when? \_\_\_\_\_\_\_\_\_\_

Are you a current student member of APA? \_\_\_\_\_(Y) \_ N)

If Yes, since when? \_\_\_\_\_\_\_\_\_

Have you presented at an ASPA or other psychology conference? \_ Y) \_\_\_(N)

If Yes, please describe your presentation topic:

List any contributions you have made to ASPA or NASP:

List any remarkable academic and/or community achievements, noteworthy awards, or other significant accomplishments:

In a separate document, provide a personal statement to the board about why you feel you should be a recipient of the current ASPA student scholarship opportunity. Keep your statement to 1 page or less.

\*Your statement will have all identifying information removed for anonymity purposes.\*

**Please return your completed application form, personal statement, and University Program Director Scholarship Application Acknowledgement Form**

*to:*

*Krystal Lovell*

*President*

*Aspa.president1@gmail.com*