

CALIFORNIA STATE PSYCHOLOGICAL ASSOCIATION FOUNDATION 2006-07 Minority Scholarship Program Guidelines

1. Prospective applicants must be considered a member of one or more established ethnic minority groups. Minority status solely based on criteria other than ethnicity (i.e., physical disabilities) cannot be considered for this scholarship at this time.
2. Applicants must be graduates from a regionally accredited undergraduate institution, and have been accepted into a doctoral program in psychology at a regionally accredited or approved institution in the State of California.
3. Applicants must be enrolled full time graduate students for the 2006-07 academic year. The Foundation will distribute three (3) \$2,000 scholarship awards.
4. Applicants need to complete an application from the Foundation which includes an essay detailing their plans and goals for their graduate education as well as their future career. Three letters of recommendation should be submitted by persons familiar with the applicant's academic, research and relevant work experience. Applicants must use the Foundation's "Applicant Evaluation Form" to submit as the letter of recommendation. One recommendation should be from the applicant's major academic advisor.
5. An official copy of the most recent transcript is required in order to process an application. Transcripts may be mailed directly from the academic institution to the Foundation.
6. A letter directly from the respective graduate program to the Foundation, acknowledging the applicant's acceptance into their program, is required.
7. Applicants are required to disclose financial information. Scholarships are not awarded solely on the basis of economic need. Need, however, is taken into account when assessing the overall application.
8. Due to time constraints and dispersion of Foundation officers, personal interviews will not be required or granted.
9. The deadline for application materials is November 1, 2006. Announcement of scholarship recipients will be made in early January.
10. The Foundation Board of Directors will also serve as the Selection Committee. Members of either the California Psychological Association Board or the Foundation Board and their immediate families are not eligible for Foundation scholarships.

11. Applicants will be judged on their potential for pursuing doctoral level work in psychology. There will be no distinction or preference given to practitioner versus academic programs, or research careers as opposed to direct service providers.
12. Final determination for awarding of scholarships will be made by a majority vote of the Foundation Board of Directors serving as the Selection Committee. All scholarship recipients will be notified by phone, with confirmation by mail to follow; all other applicants will be notified by mail. In the unlikely event that a recipient declines the award, the non-recipient receiving the highest vote will receive the grant.
13. Awards are always in the form of a grant, administered by the recipient's respective graduate school. Most universities or graduate schools will establish an "accounts receivable" for the student to properly disburse funding. Grant checks from the Foundation will be payable to both the student and the school. The student will sign the check over to the Bursar, to be applied to the Spring Term.
14. The Foundation does not specify specific duties or career objectives in return for the Grant money. The goal of the Foundation is to provide funding for minority students whose interests and talents lie in the field of psychology. The Foundation recognizes the need for more minority professional psychologists as teachers, administrators, practitioners and researchers who will participate fully in these functions in minority communities, as well as other areas within the state. By offering the Scholarship, the Foundation hopes to enrich the field of psychology for the benefit of all persons.

For more information contact:

CPA Foundation, 3835 N. Freeway Blvd., Suite 240, Sacramento, CA 95834
916-286-7979 - or access our website at <http://www.calpsychlink.org>

SCHOLASTIC INFORMATION

What is the name of your current school, or last one attended?

School/College/University	City	State
---------------------------	------	-------

Begin Date	End Date	Currently Enrolled? (Yes/No)	Degree/Diploma Awarded	Date
------------	----------	------------------------------	------------------------	------

If not currently enrolled, where have you been accepted? _____

Cumulative undergraduate numerical GPA: _____

Cumulative undergraduate psychology numerical GPA: _____

In which area of psychology are you specializing? (Please explain):

ACTIVITIES, HONORS, AWARDS AND EMPLOYMENT

Have you ever written an article for publication? Yes No

If yes, please give the full reference for each article published.

Please list all honors and awards that you have received.

List all clubs, associations and committees to which you belong. Indicate any office that you hold or have held.

List any paid or voluntary experiences which relate to your interest in mental and general health services or clinical research.

List any additional activities and affiliations that demonstrate your commitment to issues of diversity.

REFERENCES

List three persons in academic institutions or community/work settings whom you would like to write letters of recommendation evaluating your ability to pursue graduate work. At least one of these must be a faculty member familiar with your academic work; preferably your major advisor. Please give the name, title, and address of each person you have asked to write a recommendation. Please ask them to complete the enclosed evaluation forms and send them directly to our office. Please send this application form in immediately; **do not wait for evaluation forms to be sent.**

Name

Title

Address

ESSAY REQUIREMENT

Write an essay, not to exceed three typed pages, which describes how your interests and career goals in psychology will contribute to the CPA Foundation Scholarship Program, as described below. Your essay will be scored for clarity, coherence, organization and relevance to the objectives of the Program. **This is a critical element in the evaluation of your application for a scholarship.** The objectives of the CPA Foundation Scholarship Program are to enhance the quality of psychological services available to ethnic minority populations in California, and to increase the data necessary to better understand prevention, treatment and intervention needs. Describe how your own interests and career goals will contribute to these objectives. Also, describe how obtaining a doctoral degree in psychology will help you to achieve your career goals.

Discuss your current interests in psychology and detail your related experience and training to date. These training experiences may include paid employment, voluntary service, and extracurricular activities.

FINANCIAL INFORMATION

Please list all scholarships, fellowships, assistantships and/or student loans you expect to receive during graduate school.

During the last year, what was your approximate total personal income? _____

Spouse's income (if married)? _____ How many dependents? (Use IRS criteria) _____

Do you have any other family obligations? Yes No If yes, please describe.

INCOME STATEMENT

Please estimate your living costs and income for the coming academic year.

<u>Estimated Costs</u>	<u>Estimated Income</u>		
Tuition	_____	Earnings of applicant	_____
Books/Educational Supplies	_____	Earnings of spouse	_____
Rent and Board	_____	Parent's contribution	_____
Transportation	_____	Savings	_____
Medical	_____	Assistantships	_____
Loan Payments	_____	Scholarships	_____
Installment payments	_____	Fellowships	_____
Entertainment	_____	Grants	_____
Veterans Benefits	_____	Other (please list)	_____

Student loans	_____	Other (please list)	_____
	_____		_____
	_____		_____
Total cost for academic year	_____		
Parent's Annual Income	_____	Total income	_____
(if parents contribute to your support)		for academic year	

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT (False information will result in your application being rejected or in a scholarship being withdrawn.)

(Please print or type your name)

Signature Month/date/year



MINORITY SCHOLARSHIP APPLICANT EVALUATION

This Portion to be completed by the applicant:

I, _____ request this evaluation from: _____
(applicant's name) (evaluator's name)

as part of my application for a minority scholarship from CSPA Foundation, to pursue a doctoral program in psychology.

I REQUEST A CONFIDENTIAL EVALUATION AND WAIVE MY
RIGHT TO INSPECT IT.

I REQUEST AN OPEN EVALUATION AND RESERVE
THE RIGHT TO INSPECT IT

(Applicant's signature and date)

(Applicant's signature and date)

Sign only one of the above

This portion to be completed by the evaluator:

1. How long and in what capacity have you known the applicant?

2. Please rate the applicant using the scale below. In making your assessment, consider the applicant as compared to other students you have taught or worked with at a similar stage in their development.

	Superior	Very Good	Good	Fair	Poor	Unable to judge
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific originality/ creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for contribution to ethnic minority mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for completion of doctoral degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In the space below, please discuss the applicant's major strengths and relevant weaknesses. Include examples of the applicant's academic and/or clinical experience to illustrate your assessment. Examples which illuminate your responses to Question 2 would be most helpful.

Evaluator's Signature

Date

Printed Name and Title