



NY-APT 2019 CONFERENCE SCHOLARSHIP FORM

The purpose of the New York Association for Play Therapy scholarship is to provide the opportunity to current NYAPT individual professional members and clinical students training in New York, who, due to financial restrictions, would otherwise be unable to attend the annual NYAPT conference without support.

NYAPT Scholarships offer the recipient a complimentary 2-day conference registration. Awards are based on financial need, contributions to the field of play therapy, and potential to give back to the field. Applicants MUST be either NYAPT members, or students studying for a mental health degree in the State of New York.

Two Member and Two Student Scholarships are awarded to cover part or all of the base conference fee only. The scholarship recipient is responsible for securing their own travel, lodging and incidental expenses. The committee reserves the right to adjust the number of Member or Student Scholarships awarded based on funding and the number of applications received.

Application Procedure: Send the completed application via email to Dr. Gabriel Lomas at lomasg@wcsu.edu. **The deadline for receipt of the application is February 15, 2019.** Selections will be made after reviewing all applications received.

Scholarship applicants will be **notified of our decision by March 1, 2019.**

Scholarships are not transferable and may only be used in the year it was awarded. Scholarship recipients must notify NYAPT if they cannot attend.

1. Name: _____
2. Phone (cell): _____ Phone (other): _____
3. Mailing Address: _____
City: _____ State: _____ Zip code: _____
4. Email: _____
5. Are you a current member of NYAPT? Yes _____ No _____
6. Have you previously received an NYAPT conference scholarship, and if so, which year(s)? _____
7. Are you a student? _____ full time (>9 credits) _____ part time _____
Name of University _____
Degree being obtained: _____

(Submit a photo copy of your current school year ID with application.)

8. Please describe your current or past NYAPT activities and contributions:

9. Financial Request (Please list all figures in US dollars): _____

a. Sources for funding for conference attendance:

Employer: _____ Self: _____ Other, please specify _____

b. Assistance Needed (Check all that apply):

____ Complete Registration Fee

____ Partial Registration Fee

____ Serving as a Volunteer, with registration fee waived

c. Which dates do you wish to attend _____

d. What else should we know about your Financial Situation?

10. On a separate page, please provide the review committee with the following information: Please write a statement, no longer than 500 words total **including all three** items below:

- Why do you wish to attend this conference?
- How do you plan to use what you learn to promote play therapy in your work and community settings?
- What significance would the conference have for your personal and professional objectives?

11. Scholarship recipients are encouraged to submit an article to the NYAPT Newsletter describing their attendance at the NYAPT conference. Articles should be submitted to Maryann Assini: maryannassini@gmail.com

I understand and accept the above requirements.

Signature _____ Date _____

Scholarship applications must be received by February 15, 2019.

Return Application to: lomasg@wcsu.edu. You will receive a reply e-mail to let you know your application has been received. All scholarship applicants will be notified of decision regarding their scholarship application by March 1, 2019.