INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION

Scholarship Grant Fund
Application for Financial Aid

Purpose of Grant: ☐ Dues

Directions:
- Please type or print.
- For responses to personal questions, you may use additional paper.
- Please ask your Supervisor to complete the Supervisor Form (page 5 below) and forward separately to ITAA (email to info@itaaworld.com).

NAME: _____ **EMAIL:** _____

TELEPHONE NUMBER(s)
Cell: _____

Home: _____

Office: _____

HOME ADDRESS
_____

_____

_____

Indicate your ITAA Membership Category: ☐ Full Member ☐ Supporting Member

☐ Retired Member ☐ Student Member ☐ Honorary/Lifetime Member

Date you joined ITAA: _____(month/year)
(In order to qualify for a scholarship, you must have been a member of the ITAA for at least one year).

Have you ever attended an ITAA or affiliate conference? ☐ Yes ☐ No

If yes, indicate last conference attended: _____

How did you become interested in transactional analysis?

2700 E. Foothill Blvd., Suite 209, Pasadena, CA 91107 | info@ITAAworld.com | www.ITAAworld.com

Describe your current professional setting and how you use or apply TA.

Identify the training program in which you will be participating.
How did you decide on this program?

How do you imagine you will be different, personally and professionally, as a result of your participation in this program?

How do you currently participate in the ITAA or affiliate organization? How do you see yourself participating in the future as a result of acquiring advanced training?

Applicant's Signature: _____ Date: _____

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FINANCIAL STATEMENT

NAME:_____ **DATE OF BIRTH**: _____
(FIRST - MIDDLE - LAST) (MONTH - DAY - YEAR)

Occupation: _____

Employed by: _____

Spouse's Occupation / Employer: _____

Number of Dependents you count as Income Tax Exemptions:_____

APPLICANT'S ANNUAL INCOME & EXPENSES

	Year 20__ Prior to Application	Year 20__ Prior of Application	Year 20__ Following Application (Estimate)
A. Total Taxable Income	$	$	$
B. Business Expenses	$	$	$
C. Adjusted Taxable Income *(A minus B)*	$	$	$
D. Nontaxable Income *(i.e., social security, veteran benefits, welfare, alimony, child support, etc.)*	$	$	$
E. Spouse / Partner Income	$	$	$
F. Total Income	$	$	$
G. Living Expenses	$	$	$
H. Income Tax *(Federal/State)*	$	$	$
I. Emergency Expenses	$	$	$

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APPLICANT'S ASSETS AND LIABILITIES

HOME (if owned)
Year Purchased: _____ Purchase Price: $ _____ Current Value: $ _____

OTHER REAL ESTATE
Year Purchased: _____ Purchase Price: $ _____ Current Value: $ _____

AUTOMOBILE
Year: _____ Model_____ Current Value: $ _____

RESOURCES
Savings: $ _____ Other: $ _____
(ENDOWMENTS, TRUSTS, GRANTS, SCHOLARSHIPS, INVESTMENTS, ETC.)

INDEBTEDNESS
Loan amount to be paid in year of application: $ _____
(MORTGAGE, CAR LOAN, PRIOR MEDICAL DEBTS, SCHOOL LOANS, ETC.)

GRANT INFORMATION

For which category of membership are you applying?

☐ Full Member ☐ Supporting Member ☐ Retired Member
☐ Student Member ☐ Honorary/Lifetime Member

PARTIAL Dues Requested: $ _____

OR

FULL Dues Requested: $ _____

APPLICANT CERTIFICATION

"I certify that all information I have provided in this application is true and correct as of the date set forth opposite my signature."

Applicant's Signature: _____ Date: _____

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SCHOLARSHIP GRANT FUND STATEMENT BY SUPERVISOR

To Be Completed by Supervisor and Forwarded to ITAA Separately

Supervisor's Name: _____

Telephone: _____ **Email:** _____

Applicant's Name:_____

1. How long have you known the applicant?_____
2. How long has the applicant been in training with you? _____
3. Please comment on the applicant's strength and unique qualities.

4. Please assess the applicant's potential contribution to the ITAA.

5. Please assess your level of endorsement for this grant.

6. How are you, as applicant's Supervisor (or your institute), helping to support the applicant financially?

7. How will you, as applicant's Supervisor (or institute) promote the ITAA to the applicant?

Supervisor's Signature: _____ **Date:** _____

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