

SCHOLARSHIP APPLICATION
FOUNDATION FOR THE CONTEMPORARY FAMILY
CONTINUING EDUCATION COURSES

PROGRAM FOR WHICH YOU ARE APPLYING: _____

NAME: _____

EMAIL: _____ PHONE: _____

ADDRESS: _____

PROFESSION AND DEGREE: _____

CURRENT CLINICAL WORK SETTING: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET:

Try to be specific about any coursework or experience you have had with couples. For example for coursework, name the institution/organization, whether the course was part of your grad degree or continuing education, the general topic of the course, instructor, and any research topics you pursued as part of the course. Experience: how much experience you have had with couples; how your practice/career would be enhanced by learning more about couples therapy; the context was of your experience with couples (private office practice, community outreach, home visitations, etc.).

1. What, if any, coursework have you had in Couples Therapy?
2. What clinical experience have you had working with couples?
3. What is your interest in taking this training?
4. What is your financial situation that makes paying the tuition a hardship?

COMPLETED FORMS SHOULD BE SENT TO:

DR. JUDITH ZUCKER ANDERSON
UCI FAMILY THERAPY TRAINING
15615 ALTON PARKWAY, SUITE 220
IRVINE, CALIFORNIA 92618
PHONE: 949-464-0131 FAX: 949-494-0865

YOU MAY ALSO EMAIL YOUR RESPONSES TO: DRJZA@DRJUDITHANDERSON.COM
Please remember to include the personal information requested above.