



Application for Financial Aid

Application Deadline: July 31

for classes commencing in fall of the same calendar year

- Please read and follow the instructions carefully. Type legibly if you complete this form manually.
- This entire form must be completed (*mark N/A where appropriate*) and uploaded with all supporting documents in order to be evaluated by the Scholarships and Loans Committee.
- Please include complete copies of each of your two most recent annual Federal Tax Returns with your application materials (*data submitted will be treated as confidential and will be shredded after use in evaluating your need for financial assistance.*)
- For US filers, provide IRS Returns; for non-US filers, provide the closest possible equivalent.

FIRST AND LAST NAME: _____ Date: _____
MO/DA/YR

FULL HOME ADDRESS (street, city, state, zip code and country):

FULL OFFICE ADDRESS (street, city, state, zip code and country):

CURRENT EMPLOYER:

POSITION:

If employed less than one year, list PREVIOUS EMPLOYER and POSTITION:

What was your FIRST year as an ICP candidate: _____



Have you received scholarship funds in the past? YES NO

If yes, what year(s) and for what amount(s) were the scholarships made?

Have you received tuition deferral loans in the past? YES NO

If yes, what year(s) and for what amount(s) were the tuition deferrals made?

Certain scholarship funds may have been donated to the Institute of Contemporary Psychoanalysis Scholarship Fund for uses restricted by gender, ethnicity, and/or age. You have the option here of indicating your gender, ethnicity, and/or age.

GENDER _____ ETHNICITY _____ AGE: _____

PART I. ANNUAL INCOME (GROSS)

Dollar Amount	Income Category
\$	Salary (Practice)
\$	Salary (Other)
\$	Other Family Income (please specify)
\$	Dividends/Interest
\$	Real Estate (Total)
\$	Other Income Sources (please List)
\$	
\$	GROSS TOTAL ANNUAL INCOME (BEFORE TAXES)



PART II. ANNUAL EXPENDITURES

Please state ANNUAL EXPENDITURES, but do not list ordinary living expenses such food, clothing, and utilities:

\$	Real Estate Payments (List Separately)
\$	
\$	Rent (Home)
\$	Rent (Office)
\$	Auto Loan(s) (List Separately)
\$	
\$	Other (Non-Real Estate) Loans (List Separately)
\$	
\$	Federal, State and Local Income Taxes
\$	Property Taxes (Total)
\$	Insurance Premiums (List Separately)
\$	
\$	Psychoanalysis/ Psychotherapy
\$	Supervision(s)
\$	Other Extraordinary Expenses (please specify)
\$	
\$	GROSS TOTAL ANNUAL EXPENDITURES

PART III. ASSETS

Please list the assets you hold:

A) as an individual and **B)** jointly (or in a partnership), as well as **C)** the assets of others which have material bearing on your lifestyle (such as living in someone else’s property without paying rent, etc.)

- A)** INDIVIDUAL ASSETS
- B)** JOINT/ PARTNERSHIP
- C)** OTHER – IDENTIFY WHO

A	B	C (ID WHO)	
\$	\$	\$	IRA/ Pension Fund
\$	\$	\$	Savings Account and CDs (Total)
\$	\$	\$	Checking Accounts (Total)
\$	\$	\$	Estimated Accounts Receivable
\$	\$	\$	Securities (Stocks, Bonds, other Financial Instrument Total)
\$	\$	\$	Notes/ Loans Receivable
\$	\$	\$	Automobiles (List by Year, Model, and Manufacturer)
\$	\$	\$	
\$	\$	\$	Life Insurance Assets
\$	\$	\$	Real Estate (List by Property Address and Type i.e. House, Condo)
\$	\$	\$	
\$	\$	\$	Other Assets (please specify)
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	GRAND TOTAL ASSETS



PART IV a. LIABILITY QUESTIONS

Are you a guarantor on anyone else’s debt? YES NO
If yes, give details here or in narrative.

Are there any suits or judgments against you? Any pending? YES NO

Have you ever gone through bankruptcy or compromised a debt? YES NO
If yes, please explain here or in narrative.

PART IV b. LIABILITIES

Please list the liabilities you hold:

D) as an individual and E) jointly (or in a partnership), as well as F) the liabilities of others which have material bearing on your lifestyle (such as paying someone else’s expenses, etc.)

- D) INDIVIDUAL ASSETS
E) JOINT/ PARTNERSHIP
F) OTHER – IDENTIFY WHO

Table with 4 columns: D, E, F (ID WHO), and Description. Rows include Real Estate Loans Out, Other Loans Out (Total), and Back Taxes Due.



\$	\$	\$	Liens Outstanding
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	Other Liabilities
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	Catastrophic or Extenuating Liabilities (please describe)
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	
\$	\$	\$	GRAND TOTAL LIABILITIES

The undersigned certifies that the attached statements and supporting schedules, both printed and written, give a full, true, and correct statement of the financial condition of the undersigned as of the date indicated above.

By typing your name into the signature lane and submitting this application from any device, means or action, you consent that your typed signature on this document (referred to as your "E-Signature") is as valid as if you signed the document manually.

Signature

Date