

AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY FOUNDATION

ABPP Foundation Scholarship Application Coversheet

I am applying for the following scholarship (check one*); see scholarship descriptions at

<https://abpp.org/Foundation2/ABPP-Foundation-Funds.aspx>:

- APPIC/ABPP/ ABPP Foundation Training Director Scholarship
- NLPA/ABPPF/National Register Scholarship
- Early Career Professional (ECP) Scholarship
- Walter Katkovsky Scholarship

***Note:** Multiple scholarship applications are permitted, but each requires a separate coversheet and application materials. Individuals applying for multiple scholarships will be considered for (and awarded) scholarships in the order of the scholarship deadlines. An individual is eligible to receive only one (1) scholarship. Scholarships are only available to individuals who do not already hold ABPP specialty certification.

Name _____

Address _____

Phone (____) _____

Phone (____) _____

Email address _____

Degree: _____ PhD _____ PsyD _____ EdD MM/YY awarded _____

I am an Early Career Professional (< 10 yrs. post-degree) ___ Yes ___ No

Psychology License: State/Provincial _____ License # _____

Specialty in which I am seeking ABPP board certification (check):

<input type="checkbox"/> Behavioral & Cognitive Psychology	<input type="checkbox"/> Clinical Child and Adolescent Psychology
<input type="checkbox"/> Clinical Health Psychology	<input type="checkbox"/> Clinical Psychology
<input type="checkbox"/> Clinical Neuropsychology	<input type="checkbox"/> Counseling Psychology
<input type="checkbox"/> Couple and Family Psychology	<input type="checkbox"/> Forensic Psychology
<input type="checkbox"/> Geropsychology	<input type="checkbox"/> Group Psychology
<input type="checkbox"/> Police & Public Safety Psychology	<input type="checkbox"/> Organizational & Business Psychology
<input type="checkbox"/> Psychoanalysis	<input type="checkbox"/> Rehabilitation Psychology
<input type="checkbox"/> School Psychology	

I have applied to the American Board of Professional Psychology (ABPP) and have successfully completed the ABPP credentials review process. Yes* ___ No ___

*If YES, please provide documentation that you have successfully completed the ABPP Credentials Review and that you have been determined to qualify for board certification in the specialty in which you are seeking board certification.

List memberships in profession psychology organizations:

List professional leadership positions you hold or have held in any of the above organizations:

Scholarship Recipient Acceptance Agreement

I agree that if awarded a scholarship, I will use the scholarship funds only for approved expenses, not otherwise reimbursed, that are related to ABPP board certification.

I understand the timeframe for completing board certification is two years from the date of scholarship award notification, or three years from the date of scholarship award for applicants for whom successful completion of a written examination is requisite to advancing to Step 2, the Practice Sample.

I further understand that the ABPP Foundation expects that on at least an annual basis (and no later than Dec. 15th of each year), I will keep the Foundation apprised of my progress toward board certification.

With respect to the above, by accepting a scholarship, and to maintain eligibility for the scholarship, I agree to:

- Demonstrate continual progress toward achieving board certification.
- Submit the Practice Sample within 12 months of the award date specified in the award notification, or within 24 months for specialties requiring successful completion of a written examination before becoming eligible for Step 2, submission of the Practice Sample.
- Submit status reports as requested by the ABPP Foundation.
- Complete the board certification process by or before the date specified in the award notification.
- Use scholarship funds only for expenses, not otherwise reimbursed, that are related to ABPP board certification.
- Notify the ABPP Foundation if I determine that the I am unable to comply with the required timeline (including any extensions granted) stated in the award.

Signature _____ Date _____

Please attach a current CV. See the relevant scholarship eligibility and application requirements and include any additional required information (e.g., application letter) along with this application coversheet. Send (electronically) to the ABPP Foundation Administrator, Cindy Lynn at: cindylynn.abppf@gmail.com. Letters of recommendation (if required) should be sent by the recommender directly to cindylynn.abppf@gmail.com.

How did you hear about the scholarship(s) for which you are applying?

Demographic Information

The following demographic information is requested so that the Foundation may provide information to potential donor organizations and grant funding organization that may require this information about the Foundation and the individuals it serves. It will not be used in making scholarship award determinations. If you are uncomfortable with supplying certain demographic information, you can choose not to do so. When the Foundation is required to provide this information for funding purposes, the data will be provided in aggregate form only. Your name and information will not be reported, given, or sold to any third-party vendors.

Gender identity:

- Female
- Male
- Non-binary
- Transgender
- Other (please specify: _____)
- Prefer not to answer

Race/Ethnicity:

- American Indian/Alaskan Native
- Asian
- Black/African American
- Caucasian/White
- Hispanic/Latinx
- Native Hawaiian/Pacific Islander
- Multi-racial/Multi-ethnic
- Other (please specify: _____)
- Prefer not to answer

Nationality

- US citizen or permanent resident in USA
- Canadian citizen or permanent resident in Canada
- Other (please specify: _____)

Disability

- Yes
- No

Veteran

- Yes
- No

Do you provide psychological services to under-represented, under-served, or low-income individuals?

- Yes
- No