

THE INTERNATIONAL TRANSACTIONAL ANALYSIS ASSOCIATION, INC.

Scholarship Grant Fund Application for Financial Aid

PURPOSE OF GRANT: _____ Training _____ Conference Attendance
 _____ Dues Waiver or Reduction
 _____ Other (Identify) _____

Directions: Please type or print. For responses to personal questions, you may use additional paper.
 Detach form for Supervisor requesting him/her to complete and forward separately to ITAA.

Name: _____ **Date:** _____

Home Address: _____

Telephone: _____ **Home** _____ **Office**

Fax: _____ **Email:** _____

ITAA Membership Category: RM RM-T CTA PTSTA TSTA (please circle)

Date Joined ITAA: _____ (month/year)

Have you ever attended an ITAA or affiliate conference? Yes No
If yes, indicate last one attended:

1. How did you become interested in transactional analysis?

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

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

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

5. 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?

Date:

Applicant's Signature

**ITAA Scholarship Grant Fund
2843 Hopyard Road, Suite 155
Pleasanton, CA 94588 USA**

**Fax: +1925-600-8112
Email: itaa@itaa-net.org**

FINANCIAL STATEMENT FORM

Name: _____

(First - Middle - Last)

Date of Birth: _____ Social Security #: _____
(Month - Day - Year) (US Applicants Only)

Married: ____ Yes ____ No Children: ____ Yes ____ No Ages: _____

Occupation: _____

Employed by: _____

Spouse's Occupation / Employer: _____

Number of Dependents you count as Income Tax Exemptions: _____

APPLICANT'S ANNUAL INCOME & EXPENSES:	Year _____ Prior to Application	Year _____ Prior of Application	Year _____ Following Application (Estimate)
A. Total Taxable Income	\$ _____	\$ _____	\$ _____
B. Business Expenses	\$ _____	\$ _____	\$ _____
C. Adjusted Taxable Income (A minus B)	\$ _____	\$ _____	\$ _____
D. Nontaxable Income (i.e. social security, veterans benefits, welfare, alimony, child support, etc.)	\$ _____	\$ _____	\$ _____
E. Spouse / Partner Income	\$ _____	\$ _____	\$ _____
F. Total Income	\$ _____	\$ _____	\$ _____
G. Living Expenses	\$ _____	\$ _____	\$ _____
H. Income Tax (Federal / State)	\$ _____	\$ _____	\$ _____
I. Emergency Expenses	\$ _____	\$ _____	\$ _____

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: 1. Savings \$ _____ 2. 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.)

I. COMPLETE THIS SECTION IF APPLYING FOR TRAINING

TOTAL EXPENSES FOR TRAINING:	Year _____ Prior to Application	Year _____ Year of Application	Year _____ Following Application (estimate)
A. TA Training Program	\$ _____	\$ _____	\$ _____
B. Special Workshop Tuition	\$ _____	\$ _____	\$ _____
C. Contract Filing Fees & Exam Fees	\$ _____	\$ _____	\$ _____
D. Books & Supplies	\$ _____	\$ _____	\$ _____

Specify TA Training Program or Workshop you wish to attend:

TOTAL GRANT REQUEST: \$ _____ (maximum \$1,200 per year)

II. COMPLETE THIS SECTION IF APPLYING FOR CONFERENCE FEE WAIVER

Specify conference you wish to attend: _____

State why you want to attend the conference: _____

Registration Fee: \$ _____ TOTAL MONEY REQUESTED: \$ _____

III. COMPLETE THIS SECTION IF APPLYING FOR ITAA DUES WAIVER

For what membership dues are you applying? _____

TOTAL MONEY REQUESTED \$ _____

(Partial Request: \$ _____ Full Dues Request: \$ _____)

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: _____

**SCHOLARSHIP GRANT FUND
STATEMENT BY SUPERVISOR**

To be completed by Supervisor and forwarded separately to ITAA.

Supervisor's Name: _____

Telephone: _____ Fax: _____ 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 rate applicant's degree of preparation for BOC exam.

Low 1---2---3---4---5---6---7---8---9---10 High
6. Please assess your level of endorsement for this grant.

Supervisor's Signature _____ Date: _____

Please forward this form to:
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