GTILA
THE GESTALT THERAPY INSTITUTE OF LOS ANGELES

Arnold R. Beisser M.D. Scholarship Fund

Personal Information

Name:

Address:

Home Phone: **Work Phone:**

Email: **Fax:**

Are you a GTILA member: ( ) Yes ( ) No

If no, please provide us with GTILA member/sponsor's name:

Current employer (include position held) and/or school attending:

Are you receiving any other scholarships: ( ) Yes ( ) No

If yes, amount of scholarship:

$

Partial Scholarship Request

Amount requested: $

Name of Gestalt Training Institute:

Program: ( ) Weekend Intensive ( ) Residential

Reasons for request (please be specific):

Signature

Important information: If you are granted a partial scholarship for an ongoing weekend training program payment will be made directly to the appropriate training institute.

Trainee Signature:

Date:

GTILA Member/ Sponsor Signature:

Sponsor signature is not required for GTILA members requesting a partial scholarship

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For GTILA Use Only

Amount of Scholarship:

Approved By: **Trainee Notified On:**