Candidate Assistance Fund
Application
(Applications must be received in the APsaA office no later than May 1, 2020)

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<th>Submission Date</th>
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<tr>
<td>Name</td>
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<td>Home Address</td>
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<td>City, State, Zip</td>
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<td>Home Phone</td>
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<td>Office Address</td>
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<td>Office Phone</td>
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<td>Email Address</td>
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<td>Date of Birth</td>
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1. Have any special arrangements been made by your Institute to help pay the cost of personal analysis or fees for supervision, tuition, or other costs? If yes, please describe.

_______________________________________________________________________________

_______________________________________________________________________________

2. Have any interruptions in training occurred? If so, for what reasons?

_______________________________________________________________________________

_______________________________________________________________________________

3. Describe current sources of income and approximate annual income from each source (private practice, job, teaching, consultation, research, etc.).

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
Financial Data

Income
Sources of annual family income (salaries, private practice, gifts, Trusts, etc.):

______________________________________  $____________________________
______________________________________  $____________________________
______________________________________  $____________________________
______________________________________  $____________________________
______________________________________  $____________________________

TOTAL    $____________________________

Expenses
Annual Living Expenses (housing (mortgage/rent), dependants, cost of training, credit card debt, other loan payments, other expenses):

______________________________________  $____________________________
______________________________________  $____________________________
______________________________________  $____________________________
______________________________________  $____________________________
______________________________________  $____________________________

TOTAL    $____________________________

Financial Needs
Describe your anticipated financial needs.
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
Please describe your plans for the future, including use of analytic training.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Are you current on all payments and filings to federal, state, and city tax authorities? If not, please explain.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Authorization

Candidate
I certify that the information contained herein and submitted in support of this loan application is complete and accurate.

____________________________
Signature (Candidate)

____________________________
Date

Please submit 6 copies of this application along with 6 copies of:

☐ Page one and two from your most recent IRS income tax return

☐ A current curriculum vitae

to:
Candidate Assistance Fund
American Psychoanalytic Association
309 East 49th Street
New York, NY  10017

Institute
The Institute Director is required to authorize on the last page of the application that you are in good standing in training at the Institute.
Candidate Assistance Fund Application

Institute Authorization
I certify that the applicant, __________________________, is in good standing in training at the Institute.

____________________________   __________________________
Institute Director (print name)  Signature (Institute Director)

____________________________
Date