



Candidate Assistance Fund Application

Submission Date	
Name	
Home Address	
City, State, Zip	
Home Phone	
Office Address	
City, State, Zip	
Office Phone	
Email Address	
Date of Birth	



Name of Institute	
Institute Address	
City, State, Zip	
Institute Phone	
Year Training Analysis Began	
Is training analysis ongoing?	
Number of patients in supervised analysis	

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): Please the annual expenses for these items (i.e. do not list your total mortgage or your total outstanding student loan or your total credit card debt. Rather, list the expense for one year.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
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 2 copies of this application along with 2 copies of:

- Page one and two from your most recent IRS income tax return *as well as* Schedule C if you file Schedule C.
- A current curriculum vitae

email to: Tom Newman, tnewman@apsa.org

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.



American
Psychoanalytic
Association

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