

# 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  
5932 Corte Cerritos  
Pleasanton, CA 94566 USA**

**Fax: +1925-600-8112  
Email: [itaa@itaa-net.org](mailto:itaa@itaa-net.org)**

FINANCIAL STATEMENT FORM

Name: \_\_\_\_\_

**(First - Middle - Last)**

Date of Birth: \_\_\_\_\_

**(Month - Day - Year)**

Social Security #:

**(US Applicants**

Married: \_\_\_\_\_ Yes \_\_\_\_\_ No

Children: \_\_\_\_\_

Yes \_\_\_\_\_ No

Only) 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	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	\$	\$.	<b>1</b> _____

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 know 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.

Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Please forward this form to:  
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5932 Corte Cerritos  
Pleasanton, CA 94566 USA

Fax: +1925-600-8112  
Email: [itaa@itaa-net.org](mailto:itaa@itaa-net.org)