

## Application Form- Clinical Section Educational Activity Student Grant

ORGANIZER
<b>Name:</b>
<b>Mailing Address:</b>
<b>Telephone:</b>
<b>E-mail Address:</b>
<b>Clinical Section Member? (Current Member? Membership in Progress?):</b>
<b>Student Status (Undergraduate, Master's, or Doctoral):</b>
<b>University:</b>

EDUCATIONAL ACTIVITY
<b>Type (i.e., Workshop, Lecture, Roundtable, etc.):</b>
<b>Title:</b>
<b>Speaker(s):</b>
<b>Amount applied for:</b>
\$

APPLICATION		
Are the following documents included in the application package?	YES	NO
Description of the educational activity, including the relation to clinical psychology and the logistics of the event (max 1 page)		
Proposed budget (max 1 page)		
Letter of support from the Chair of the Department		
Letter of support from the DCT		
<b>If you answered NO to any of these questions, please explain:</b>		