

# MARRIAGE AND FAMILY THERAPY

## Graduate Fellowship Application



The graduate fellowship program offers graduate students an opportunity to participate in academic and administrative activities that will enhance their graduate education experience, as well as provide financial assistance. In addition to this application and skills inventory, information in the applicant's admission file may be assessed. To be eligible for a graduate fellowship, an applicant must be: (a) admitted to a graduate program at PLU, (b) maintain a minimum cumulative 3.0 graduate grade point average, and (c) be enrolled full-time [4 credits or more except J-term] during the semester/term of the fellowship.

A limited number of fellowships are available during academic year. Full awards are very rare. In general, fellowship awards are for interactions and opportunities involving time commitments between five and ten hours per week. Criteria for awarding fellowships may include any combination of the following: (a) skills and abilities, (b) academic merit, (c) potential for success, and (d) contribution to the mission of the graduate program and university. Fellowships may be considered taxable income.

**HOW TO APPLY:** Submit both pages of this form along with a current resume to the address listed at the bottom of the page by the **June 1<sup>st</sup>** deadline.

**June 1** is the priority application date for fellowship consideration for the coming academic year. Applications received after the priority date will be reviewed as funds are available.

*Total amount of fellowship and scholarship financial aid may not exceed a student's total tuition cost for the period awarded.*

### Personal Information

Date	PLU ID or SSN	
Name	Home Phone	
Address	Work Phone	
State	Zip	Email

### Additional Information

How many semester hours in the next academic year are you planning to enroll?  
(If unknown, please indicate full-time or part-time)

Summer	Fall	J-term	Spring	Full time	Part time
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Are you receiving other forms of financial aid? Yes  No

If yes, please note all sources:

If you plan on continued employment while enrolled in the graduate program, please indicate your place of employment and the nature of commitment (hours per week and responsibilities).

Do you receive tuition assistance from your employer or other source? Yes  No

If yes, how much?

### Placement preference

Graduate fellowship duties (rank your preference 1 - 3)

Clinic Staff	___
Research	___
Administrative/Programmatic	___

**Scan and email this form along with your resume to: [mfth@plu.edu](mailto:mfth@plu.edu)**  
**Or submit via mail: Department Chair, MFT, Pacific Lutheran University,**  
**12180 Park Ave. South, Tacoma WA, 98447**

Last Updated 5.1.2017

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### Skills Assessment: Please assess your proficiency in the following skills:

Software Used	Excellent	Good	Adequate	Weak	None
Computer					
Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desktop publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web page development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management/Organizational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Indicate languages other than English in which you are fluent:

Language:	Excellent	Good	Adequate	Weak	None
Level of speaking fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level reading fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language:	Excellent	Good	Adequate	Weak	None
Level of speaking fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level reading fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Indicate your level of clinical experience:

Clinical Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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### Identify any other unique skills and abilities you possess which should be considered:

*I acknowledge with my signature below that to the best of my knowledge all statements I have made in this application are complete and true. I give my permission to Graduate Programs and Continuing Education and individual graduate programs to use this application form and any or all materials from my graduate application file for the purpose of reviewing my credentials for a graduate fellowship or scholarship.*

Student Name (print)

Student Signature

Date

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