



## Scholarship Form 2024-2025 Academic Year

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Degree: Doctoral \_\_\_\_\_

### **Personal Statement (please use a separate piece of paper)**

In no more than 500 words for each question, please answer the following:

- 1) In what capacity have you worked with individuals or groups of people, whose mental health needs have been historically ignored or underserved?
- 2) How will this scholarship better allow you to serve those whose mental health needs have been historically ignored or underserved?

Please email this form with a copy of your CV, your personal statement, and your most recent transcript (in PDF form) to Dr. Bruce Gordon at: [stbrg13@gmail.com](mailto:stbrg13@gmail.com) and also to: Dr. Sidonie Freeman at [Sidoniefreeman@gmail.com](mailto:Sidoniefreeman@gmail.com)

The winners will be announced at the LACPA convention on October 26th, 2024

