



SOCIETY FOR PERSONALITY ASSESSMENT

Diversity Support Grant(s)

APPLICATION FORM

Application Deadline: January 31 (each year)

1. Name _____

2. Mailing Address _____

Phone (H) _____ Phone (W) _____ Fax _____ Email _____

3. If student, Academic Institution _____

Year entered graduate school _____ Expected graduation date _____

4. If professional, Employer/Institution _____ Location: _____

5. Year You Received Doctoral Degree _____

6. Current member of SPA? No Yes If yes, _____ years.

If no, are you a former SPA member? No Yes

Is this your first time attending the SPA Annual Meeting? No Yes

7. Are you presenting at the Annual Meeting? No Yes

8. Is other travel money available to you from your employer/institution/postdoctoral program? No Yes

If yes, how much? _____

Please list below estimated costs for your travel to and from the Annual Meeting. (Car mileage is calculated as [#miles x \$.44] e.g., 100 miles x \$.44 = \$44.00).

Airfare or Car Mileage Reimbursement _____ Taxis _____ Hotel _____ Total _____

Please indicate how you qualify for this grant _____

In what ways will attending the Annual Meeting enhance your career development as an assessment psychologist? _____

By submitting this document you acknowledge that all information in this application is accurate.

Applicant signature _____

Completed forms can be mailed to:

Society for Personality Assessment 6109 H Arlington Blvd Falls Church, VA 22044