

Scholarship

## Marital and Family Therapy Graduate Scholarship Application Summer 2025 - Spring 2026

## **Student Information**

| Student                                | Name   |                   | LMU ID:   |  |  |  |
|--|--|-------------------|---|--|--|--|
| Day Pho                                | ne:  | E-mail:           | What is your GPA?   |  |  |  |
| Degree I                               | Program:   | Ent               | tering Student  |  |  |  |
| Are you                                | eligible to receive Tuition Remi                                   | ission from LM    | IU? OYes ONo  |  |  |  |
| If yes, p                              | lease <b>STOP.</b> If you are eligible to                          | receive tuition   | remission, you do not qualify for additional LMU grants or scholarships.  |  |  |  |
| Enrolln                                | nent Status - Please indicate seme                                 | ster hours below  | w for each term.  |  |  |  |
| Summer                                 | I 2025 Summer I  | I 2025            | Fall 2025 Spring 2026   |  |  |  |
| Please n                               | note: Change in enrollment may r                                   | esult in a chan   | ge in your award.   |  |  |  |
| •                                      | a receive tuition reimbursement from during the 2025-2026 academic | •                 | (employer, military, outside scholarships or other funds) for your ease list source and amount:   |  |  |  |
| Amount                                 |  | Source:           |   |  |  |  |
| Amount                                 | :  | Source:           |   |  |  |  |
| Will yo                                | u be working during the academ                                     | ic year?:         | ○ No ○ Yes, Part-Time ○ Yes, Full-Time  |  |  |  |
| Approximately how many hours per week? |  |                   |   |  |  |  |
| Grants & Scholarships                  |  |                   |   |  |  |  |
| that some<br>financial                 | e awards require additional documentat                             | ion to complete y | isted below. Select the award(s) for which you believe you are eligible. Note your application. All scholarships are awarded on the basis of merit and/or awarding of grants and scholarships will be made by your graduate department. |  |  |  |
| Check<br>Box                           | Name   | Amount            | Eligibility & Requirements  |  |  |  |
|  | Marital & Family Therapy<br>Department Grant                       | Varies            | Available to all Marital & Family Therapy Graduate students; based upon financial need and merit.   |  |  |  |
|  | Susan Perry Art Therapy<br>Scholarship                             | Varies            | For students with financial need who demonstrate interest in community and outreach, and community-based clinical services.   |  |  |  |
|  | Elizabeth Taylor Endowed   | Varies            | For students involved in AIDS-related <b>practicum</b> work.  |  |  |  |

| Student                      | 's Name (Please Print):   |   | LMU ID:  |
|------------------------------|---|---|--|
| <u>Marital</u>               | & Family Therapy Department   | Scholarships Co                         | ontinued:  |
|                              | Helen Landgarten Scholarship  | Varies                                  | For a second year student who has demonstrated academic, clinical, and leadership excellence in the first year and half of the program and is named HBL scholar of the year.   |
|                              | DEIA Art Therapy Scholarship  | Varies                                  | To support MFTH students who are experiencing hardship to SES or cultural oppression.  |
| <u>Univer</u>                | rsity Scholarships. For questions r   | regarding the schola                    | larships below contact the Graduate Studies office 310-338-2721  |
|                              | Catholic Teacher/<br>Ministry Scholarship   | \$1000<br>per<br>3 unit class           | Available to those who work full-time in Catholic Ministry or Catholic Education. <i>Additional Materials</i> : Applicants should include employment verification in the form of a signed statement from your employer on official letterhead along with this application.   |
|                              | Developing Countries<br>Scholarship   | 100% tuition                            | Available to priests or members of a religious order (non U.S. citizens) who come from developing countries. <i>Additional Materials</i> : Applicants should include a copy of their R-1 visa and a one-page statement of intent along with this application.  |
|                              | Religious Scholarship   | 25% of tuition                          | Applicant must be a member of the Catholic Clergy or Catholic religious orders. <b>Must be a US Citizen</b> . <i>Additional Materials</i> : Applicants should provide evidence of membership in a Catholic religious order or proof of Clergy along with this application  |
| professi<br>therapy.  Please | onal accomplishments pertaining to  | merit. Also, incl<br>ips, you must also | larship you are applying for. Include any current financial hardships or clude how will your engagement in this program enrich the field of art so submit the 2025-2026 Free Application for Federal Student Aid for International Students.)  |
|                              | Priority Dea  | adline for the 2                        | 2025-2026 Academic Year is May 1, 2025.  |
| Signatur                     | re of Student:  |   | Date   |
| Submit                       | by Mail:  Marital and Family Therapy Academic Affairs/College o Loyola Marymount Univers 1 LMU Drive Los Angeles, | of Comm and Fine ity                    | To Submit via email: Click the 'Submit by Email' button if you have an email client configured (eg: Outlook, Outlook Express, Entourage etc.) -OR- save the file to your computer and attach the file using your web-based email (AOL, Yahoo, Gmail, etc.) and send it to mfthdept@lmu.edu. Make sure to attach scanned signatures and other relevant documents to the email before sending. |
| FOR C                        | OFFICE USE ONLY   |   |  |
| Period                       | awarded for: Summer   | Fall S                                  | Spring Recommended amount  |
| Signatur                     | re ·  |   | Date   |