2019 Marjorie V. Kittredge Equine-Facilitated Psychotherapy and Equine-Assisted Learning PATH International Conference and Annual Meeting Scholarship Application

PATH Intl. continues to work diligently to obtain funding sources to ensure the maximum opportunity to underwrite scholarships. We are very proud that the Marjorie V. Kittredge Equine-Facilitated Psychotherapy and Equine-Assisted Learning (EFP/EAL) Scholarship will be awarded annually to a person who is an EFP/EAL professional or studying to become one. As leaders in the industry, we are committed to providing our members with opportunities for continuing education and professional development to ensure sustainability within the field of equine-assisted activities and therapies (EAAT). We are excited to offer this unique opportunity, we wish you the best of luck with your application.

Please fill out this form clearly and completely. Incomplete applications will not be considered.

- June 14 applications due. Applications are accepted via this online form only.
- July 5-12 applicants will be notified by email of the committee's final decision.
- An applicant can apply for both a general and the Marjorie V. Kittredge EFP/EAL Scholarship; however, an applicant can only be awarded for one or the other, not both.
- A Scholarship Review Committee will be appointed to review all scholarship applications.
- Scholarship applications are scored blindly. Please do not name your center or program in your short essay answers.
- Scholarship applicants must be at least 18 years old to qualify.
- Scholarships are non-transferable.
- All scholarship recipients must confirm acceptance of the scholarship award and register for the conference prior to the registration deadline.
- Scholarship recipients are responsible for their own travel arrangements, hotel accommodations and expenses.
- In the event a scholarship recipient becomes unable to attend, please notify Missy at mdedrick@pathintl.org immediately.

Please click CONTINUE if you are ready to complete your scholarship application.

Section 1

Applicant's First Name

- Applicant's Last Name
- PATH Intl. Membership ID #
- (Only current PATH Intl. Individual Members are eligible to receive scholarships.)
- Mailing Address
- Phone Number
- Email Address

Section 2

- Are you a first-time attendee of the PATH Intl. Conference and Annual Meeting? Y or N
- Have you ever attended a PATH Intl. Equine Specialist Workshop or Region Conference? Y or N
- Are you currently enrolled as a student at a college or university studying to become an EFP/EAL professional? Y or N
- In what capacity do you serve PATH Intl.? (Check all that apply)

☐ I'm a PATH Intl. Member Center staff. Examples: (paid or unpaid) Executive Director, Program Director, Barn Manager, Certified Instructor, Therapist
□I'm a PATH Intl. Member Center or center-affiliated professional providing EFP/EAL. Examples: (paid or unpaid) Psychotherapist, Social Worker, ESMHL, Educator working with a PATH Intl. Member Center
\Box I'm an EFP/EAL professional who is not affiliated with a PATH Intl. Member Center.
☐ I'm a PATH Intl. Member Center volunteer assisting in EFP/EAL programs.
☐ I'm a PATH Intl. Volunteer. Examples: State Chair, Committee Member, Region Representative, Site Visitor, Evaluator
☐I'm a student in college learning to become an EFP/EAL professional.
• How many hours have you spent directly involved with a PATH Intl. Member Center?
□Less than 120 hours (2 years)
□121-300 hours (2-5 years)
☐More than 301 hours (5+ years)
\square N/A

• The program I'm involved with is:

□ A PATH Intl. Member Center
☐ A PATH Intl. Premier Accredited Center Member
□Not a PATH Intl. Member Center
\square N/A
 Does the program you are involved with have a budget for continuing education and professional development? Y or N How many additional individuals from your center or educational program are planning to attend the PATH Intl. Conference and Annual Meeting?
\square No additional individual from my center is planning to attend.
☐One additional individual is planning to attend.
☐ Two or more additional individuals are planning to attend.

Section 3

• Please describe the nature of your EFP/EAL practice or describe your career plan after completing your EFP/EAL coursework.

Maximum Character Count: 700

Section 4

• What are your goals as a professional in the field of EFP/EAL?

Maximum Character Count: 700

Section 5

• How do you think attending the PATH Intl. Conference and Annual Meeting will help you with your work and goals in the field of equine-assisted activities and therapies?

Maximum Character Count: 700