

APPLICATION FOR EMILY OE DEVELOPMENT GRANT

CRITERIA:

1. Must be engaged in a supervised RPT credentialing process or an APT accredited graduate play therapy program.
2. Must be a professional member of SHAPT for at least a period of one year or a student member of SHAPT that is currently enrolled in an accredited play therapy graduate program.
3. Grant may not be awarded to the same recipient more than one year consecutively.

APPLICANT INFORMATION:

NAME:	
ORGANIZATION:	
ADDRESS:	
HOME PHONE:	WORK PHONE:
FAX:	EMAIL ADDRESS:

SUBMIT THE FOLLOWING INFORMATION:

1. Name of class or workshop to be attended
2. Organization providing workshop or class
3. Provider's name and credentials
4. Number of CEU hours to be obtained
5. Amount requested (for registration fee only) \$ _____
6. Objectives of the workshop/class
7. Your level in RPT accrediting process
8. If a student, time frame for graduation and beginning practice
9. Verification of completion will be required

MEMBERSHIP LEVEL OF SHAPT: Professional _____ Student _____

FOR THIS PROPOSAL TO BE CONSIDERED YOU MUST SIGN BELOW

Signature Date

Approved by: _____
Scholarship Committee Chair

Amount approved: _____ Date approved: _____

APPLICATION FOR EMILY OE PROJECT GRANT

CRITERIA:

1. Demonstrate direct involvement in the understanding and practice of play therapy.
2. Must be willing to present at a regular SHAPT meeting.

APPLICANT INFORMATION:

NAME:	
ORGANIZATION:	
ADDRESS:	
HOME PHONE:	WORK PHONE:
FAX:	EMAIL ADDRESS:

SUBMIT THE FOLLOWING INFORMATION:

1. Applicant Vitae/Resume
2. Three Letters of Recommendation
3. Explanatory Title of Project (can be research or Play Therapy development)
4. Abstract (Please include a descriptive abstract of approximately 250 words summarizing what your project is about and if relevant, any theoretical background or framework within which this project fits.)
5. Proposal Including the Following:
 - Problem Statement
 - Objectives
 - Methods
 - Detailed Budget
 - Time Frame/Schedule (include presentation of research and/or publication if available)
 - Literature Cited

FOR THIS PROPOSAL TO BE CONSIDERED YOU MUST SIGN BELOW

Signature

Date

Approved by: _____

Grant Committee Chair

Amount approved: _____

Date approved: _____