**Association for the Psychoanalysis of Culture & Society (APCS)**

**Annual Conference Scholarship Award**

**APCS Annual Conference Scholarship Award**

Please note that we already offer a low-fee registration rate for students and also a reduced fee for those earning under $50,000. With this scholarship award, we are offering free registration to individuals for whom the low fee is a hardship along with the potential for comped room and board and/or reimbursement of up to $500 of an individual’s travel fees. Selection for the grant as well as the awarded amount (and/or comped room and board) will be based on financial need and past, current, and future intended APCS involvement. Those who receive this scholarship award in order to attend in person are expected to offer some of their time to assist in the preparations for and/or operations of the conference (e.g., assisting at the registration table, helping with technology set-up, etc.). Applications will be de-identified and sent along to the scholarship committee for review.

The submission deadline is one month after the Call for Papers deadline. Review of scholarship applications will commence after the deadline, and we will do our best to notify you of our decision within two to three weeks.

If you have any questions about the application or scholarship, please contact Stephanie Swales at [stephanieswales@gmail.com](mailto:stephanieswales@gmail.com).

**APCS Mission Information**

The Association for the Psychoanalysis of Culture & Society (APCS) has been established to promote greater understanding of how cultural and social phenomena affect human subjectivity in ways that are socially significant and to promote new, more socially beneficial ways of applying psychoanalysis to social problems. APCS is dedicated to both the diagnosis of the psychological ills underlying social problems and to the development of a psychoanalytic treatment of these ills at a collective level through cultural criticism, education, and other practices.

**Section 1- Applicant Information**

Prefix (i.e. Mr. / Mrs. / Ms. / Mx. / Dr. ) \_\_\_\_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please highlight your answer:*

Have you attended the APCS annual conference in the past? Y N

**Section 2- Involvement**

Are you a member of APCS? Yes No

If yes, what year did you join? \_\_\_\_\_\_\_\_\_\_\_

Describe any previous involvement in APCS (e.g. conference attendance, volunteer or leadership roles, submission to our journal *Psychoanalysis, Culture & Society*).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your intended future involvement and contributions to APCS. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any ideas you have about supporting student/early career involvement in APCS.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 3- Financial Need**

Anticipated financial needs related to conference attendance:

* Please note that registration includes lunch, dinner and snacks on Friday and Saturday of the conference, and lodging includes a full breakfast.
* Costs for lodging from 2023 were: $125 for single occupancy and $80 for double occupancy.

Flight: $\_\_\_\_\_\_\_\_\_\_\_\_

Lodging: $\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation: $\_\_\_\_\_\_\_\_\_\_\_\_

Meals: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please explain): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other scholarships or sources of funding available to you? Yes No

If so, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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When will you know whether you have been awarded it/them? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe in detail your current financial needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 4- Education**

Students only:

Undergraduate Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) of Graduation or Anticipated Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Early Career only:

Undergraduate Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Institution(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year(s) of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently licensed/registered? Yes No

Type of licensure/registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, when do you anticipate being licensed/registered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5- Professional/Academic/Clinical Commitment to APCS**

List and describe your theoretical, clinical, or research interests insofar as they align with the mission and scope of APCS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your interest in attending the APCS conference. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attestation and Signature**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , attest that all information contained in this application is correct. I understand that I will forfeit the APCS Scholarship Award if I am awarded alternate funds to cover the cost of registration and agree to notify the APCS Scholarship Contact / Selection Committee of this in a timely fashion. I also agree to notify the APCS Scholarship Contact / Selection Committee if the amount or degree of other award(s) or sources of funding changes from what I listed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please send your completed application to Stephanie Swales at [stephanieswales@gmail.com](mailto:stephanieswales@gmail.com) \*

It will be de-identified and sent along to the scholarship committee for review.