

Canadian Art Therapy Association
Application for Scholarship

Name: CATA member since _____

Street Address:

City: **Province:** **Postal Code:**

Phone: **Email:**

- Scholarship:** a) Art Therapy Student Bursary (\$1000) (*complete form a*)
 b) Research Award for an Art Therapy Student (\$1000) (*complete form b*)
 c) Research Award for a Registered Art Therapist (\$1000) (*complete form c*)

Criteria

Researcher must be a member of the Canadian Art Therapy Association at the time of application.

An art therapist must be the principal investigator.

The student research must be student work completed past year.

Restrictions:

The financial award is \$1000.00.

Research results will be made available to members of the Association through the CATA journal.

The submission must not exceed 40 pages in its entirety, and must adhere to APA publication guidelines.

Application Schedule:

The deadline for submission of papers to be considered for this award is August 1 of the year following graduation (both May and December graduates may submit papers by August 1 of the following year).

The Research Committee will review submissions and determine the winner by September 1.

The name of the winner will be announced, and the award presented, at the Annual Conference.

Mail applications to: CATA Bursaries Committee
1190 Dobler Road
Parksville, BC
Canada
V9P 2C5

Form a

ART THERAPY STUDENT BURSARY

Current Graduate Program:

Begun (date):

Expected date of graduation:

Undergraduate Education:

Previous Experience in Art therapy or Related Field:

Attach 2 Letters of Reference by Art Therapy Professors

1) name:

2) name:

position:

position:

Institution:

Institution:

Attach copies of transcripts

Signature:

Date:

By signing I attest to the accuracy of the above information.

Form b

ART THERAPY STUDENT RESEARCH GRANT

Educational Program

Name of program:

Degree:

Institution:

Date of Graduation:

Attach copies of transcripts

Principal Investigator (if other than applicant)

Name:

Title:

Address:

Institutions where Project was completed

Name:

Department:

Address:

Publication

Has this research been accepted for publication?

If yes, where

Planned date of publication:

Signature:

Date:

By signing I attest to the accuracy of the above information

Form c

GRANT FOR RESEARCH BY A REGISTERED ART THERAPIST

Date of Registration with CATA

Principal Investigator (if other than applicant)

Name:

Title:

Address:

Institutions where Project was completed

Name:

Department:

Address:

Publication

Has this research been accepted for publication?

If yes, where:

Planned date of publication

Signature:

Date:

By signing I attest to the accuracy of the above information