**Daniel C. Miller APA/APPIC Internship Match Scholarship**

**Department of Psychology and Philosophy**

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| --- | --- |
| Colleague ID: |  |
| Name: |  |
| Address: |  |
| Telephone: |  |
| Email: |  |
| School Psychology |  |
| Counseling Psychology |  |
|  |  |
| List of Interview Sites and Locations |  |
| **Please provide information on the costs for which you are seeking scholarship reimbursement. Receipts will be required for funds to be dispersed.** | |
| **Airfare** |  |
| **Mileage** |  |
| **Parking/Tolls** |  |
| **Hotel** |  |
| **Food** |  |
|  |  |
| **Total** |  |

I attest to the fact that if I am awarded this scholarship I will use the funds to supplement the costs of interviewing at APA/APPIC accredited internship sites.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |