**NSGP Training Program Scholarship Application**

Name and degree(s):

Address:

Phone number:

Email:

School, agency, hospital or business affiliations:

Training Program session (including anticipated start date) you have applied for and total amount of assistance requested towards tuition?

In a brief statement, please tell us how this scholarship will be helpful to you.

Briefly describe any professional experience you have with groups.

Is there someone we can thank for encouraging you to apply for a scholarship? Please let us know.

Thank you for applying. Your application will be reviewed and you will be contacted by email about scholarship awards soon.

Please email Joel Krieg, LICSW, CGP your completed application to kriegjoel@gmail.com. If you have any questions, feel free to contact Joel by email or phone (617-682-0057).

Again, thank you for applying!