



Anatomy of Intimacy Workshops Couples Therapy Clinical Training

Scholarship Application

Joshua Coleman: Healing the Pain of Family Estrangement: Best Treatment Strategies & Common Pitfalls

Name: _____

Email: _____ Phone: _____

Address: _____

Profession and Degree: _____

Current Clinical Work Setting: _____

Please answer the following four questions on a separate sheet:

Try to be specific about any coursework or experience you have had with couples (for example for coursework, name the institution/organization, whether the course was part of your grad degree or continuing education, the general topic of the course, instructor, and any research topics you pursued as part of the course). Experience: how much experience you have had with couples, how your practice/career would be enhanced by learning more about couples therapy, what the context was of your experience with couples (private office practice, community outreach, home visitations, etc.).

1. What, if any, coursework have you had in Couples Therapy?
2. What clinical experience have you had working with couples?
3. What is your interest in taking this training?
4. What is your financial situation that makes paying the tuition a hardship?

Completed forms should be returned to:

Dr. Judith Zucker Anderson
UCI Family Therapy Training
15615 Alton Parkway, Suite 220
Irvine, California 92618

You may also email your responses to: zoanna@drjudithanderson.com
Please remember to include the contact information requested above.

If you have any questions, please email ZoAnna at the address above or call 949.464.0131

Thank you for your interest in our programs