



WILLIAM ALANSON WHITE
I · N · S · T · I · T · U · T · E
of Psychiatry, Psychoanalysis & Psychology

Organization Program Application

NAME:

ADDRESS:

HOME PHONE:

WORK PHONE:

EMAIL:

FAX:

CURRENT WORK ROLE:

EMPLOYING ORGANIZATION:

Application Essay: Please tell us about your current work role, the challenges you face and how you envision the Organization Program contributing to your professional development and being more effective in role.

Enclose/attach a copy of your CV/Resume and provide the name, address and telephone number of two people familiar with your work and professional history. Please ask each to write a letter of recommendation regarding the applicability of the program to your current work. These must be received in order to complete your application.

FIRST PERSON WRITING RECOMMENDATION:

ADDRESS:

TELEPHONE:

EMAIL

RELATIONSHIP TO YOU:

SECOND PERSON WRITING RECOMMENDATION:

ADDRESS:

TELEPHONE:

EMAIL

RELATIONSHIP TO YOU

How did you hear about the Program?

Signature:

Date: