



Sidney Berkowitz Scholarship for Clinical Excellence (SBSCE)

Scholarship Award: \$1,000 applied to tuition.

The Sidney Berkowitz Scholarship for Clinical Excellence was established in 2022 to honor Dr. Berkowitz, beloved former faculty member, esteemed clinician, and long-time supporter of the Michigan School of Psychology. Dr. Berkowitz freely gave of his time for guest lecturing on topics relevant to psychotherapy for many years following his retirement from MSP.

MA students (full or part-time) may apply for the scholarship in the second semester of their practicum experience (PSYC 566). PsyD students may apply for the scholarship in the second semester of Practicum II (PSYC 719).

Eligibility Criteria:

- Be in good academic standing in an MA or PsyD program.
- Show excellence in clinical work as demonstrated by consistent ratings of 4 or higher in the faculty supervisor’s evaluations of clinical training for Master of Arts students, 4.7 or higher for PsyD practicum students across all domains.
- Demonstrate a commitment to clinical practice using humanistic values/principles.
- Make effective use of supervisory meetings.

Annually, there are two scholarships awarded – one to an MA student, one to a PsyD student; core program faculty will determine the award recipients for their respective programs.

Application documents must be submitted to Roger Maki-Schramm, Director of Financial Aid & Donor Management: rmaki-schramm@msp.edu by March 14, 2025. A student may be awarded the scholarship one time only during their program. Faculty will determine the award recipient. The SBSCE will only be granted if there is a qualified applicant and the scholarship remains funded (supported by donations).



To apply (please print):

Name: _____

Degree Program/Year: _____ GPA: _____

Attach the following:

- A description of your clinical work (setting, clinical population(s), humanistic principles that guide your work) and ways in which you have achieved clinical excellence.
- A written recommendation from a faculty member

I certify that the information provided in this application is true and grant permission to the committee designated to determine scholarship awards access to my transcripts for review.

Student Signature

Date