



Biofeedback Society  
of Florida

**Michael Rothburd Scholarship Application**

The recipient(s) of the Michael Rothburd Scholarship will receive a full tuition waiver for attendance at an upcoming BSF CE workshop, and membership in the Society for one year.

Applicant's name: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Please check one of the following that describes your academic/professional status:**

Undergraduate Student

Graduate Student

Post-doctoral

Clinician

Researcher

**For students, please provide the name of your school and your status. To complete the application, please provide a letter of recommendation from your advisor or one of your professors.**

Name of institution: \_\_\_\_\_

Academic program: \_\_\_\_\_

Status (progress): \_\_\_\_\_

Advisor's name: \_\_\_\_\_

**For clinicians and researchers, please provide the following information:**

Degree: \_\_\_\_\_

Received from: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Licensure: \_\_\_\_\_

BCIA status: \_\_\_\_\_

**Training and experience in biofeedback and applied psychophysiology:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_