

**Postgraduate Program in Bowen Family Systems Theory
and Its Applications**

Application Form

Please print this form and complete. Mail the completed application to **Mr. Douglas Murphy, The Bowen Center, 4400 MacArthur Boulevard NW, Suite 103, Washington, DC 20007**. If you require more space, please add additional sheets.

General Information

Full Name: _____

Home Address: _____

Email Address: _____

Telephone: (home) _____ (work) _____

(cell) _____ (fax) _____

Current Professional Position(s): _____

Employer Name and Address: _____

Emergency Contact Information

Name of Person to Contact: _____

Relationship: _____

Telephone Numbers: _____

Email: _____

Address: _____

Professional and Educational Background

Please attach a resume listing positions (including dates, location and a short description) held since completing college, most recent first. Please include your educational background. List college, university, or any other educational institution attended and degree(s) conferred with dates of study.

Are you currently a candidate for a degree? If so, give university, area of specialization, degree to be earned, and expected date of graduation.

Scholarships, fellowships, academic awards, or honors received:

In addition to training from degree-conferring institutions, what professional training have you had?

Name of Institution | Location | Course | From Mo/Yr to Mo/Yr:

List research experience and interests. Please include published and unpublished papers.

List membership in professional organizations and associations.

How did you become acquainted with and interested in this program at the Center?

Has any relative or significant other applied or been accepted to this program?

Personal Data

Date of Birth: _____ Place of Birth: _____

Marital Status: _____ Name and Age of Spouse: _____

Date(s) of Marriage(s): _____ Date(s) of Divorce(s): _____

Date of Loss of Spouse(s): _____

Children (List from oldest to youngest):

Full Name of Child: _____ Age: _____

Education: _____

With whom does this child live? _____

General Functioning of Child: _____

Full Name of Child: _____ Age: _____

Education: _____

With whom does this child live? _____

General Functioning of Child: _____

Full Name of Child: _____ Age: _____

Education: _____

With whom does this child live? _____

General Functioning of Child: _____

Full Name of Child: _____ Age: _____

Education: _____

With whom does this child live? _____

General Functioning of Child: _____

Health

How would you describe the current state of your health? (Circle One):

Excellent Good Fair Poor

List any serious illness, physical or emotional, (current or chronic) in yourself, your immediate household, or extended family.

Are you currently in psychotherapy? What is the theoretical orientation of your therapist?

ESSAY QUESTIONS

On separate sheets of paper, please address the following four questions:

1. What are your major long-term professional interests and goals? How do you see this program as relevant to these goals?
2. What is your current theoretical base for conceptualizing human behavior and guiding your professional work? How did you arrive at your current theoretical orientation? What have you found to be the strengths and weaknesses of this theoretical base?
3. Draw a family diagram showing generations of your extended family back at least to your great-grandparents. Give a brief history of your family focusing on geographical location, peoples' functioning on a socioeconomic and an emotional level, any significant events, and the level of contact you have had with each of your parent's extended families. Describe how you function emotionally in your family. How have you tried to deal with the challenges your family presents?
4. Please describe your previous experience with Bowen theory and the study of family systems.

Signature: _____

Date: _____

Application fee enclosed: _____