

SCRA Research Scholar Application Form

Name _____ Date _____

Email _____ Phone _____

Institutional Affiliation _____

Position and Academic Unit _____

Graduate Program in or including Community Psychology _____

Years on the Tenure Track _____

Street Address _____

SCRA Member Start Date _____

SCRA Current Membership Status _____

SCRA Involvement _____

Period of Research Scholar Appointment (one to two years) _____

Preferred Start Date _____ Preferred End Date _____

Academic Unit Head Name, Role and Contact Information _____

Names and Contact Information for Three References

1. _____

2. _____

3. _____

Submit this form and all other application materials together to researchscholars@scra27.org no later than May 1.