

**MENTAL HEALTH SERVICE PROFESSIONAL DEMONSTRATION FELLOWSHIP  
School Psychology**

**Instructions: To apply for the fellowship, please submit the completed form (as Word Doc or PDF) to either:**

- Dr. Andy Pham at [avpham@fiu.edu](mailto:avpham@fiu.edu) or Dr. Philip Lazarus [lazarusp@fiu.edu](mailto:lazarusp@fiu.edu) (for EdS in School Psychology) OR
- Ms. Jennifer Abeloff [abeloffj@fiu.edu](mailto:abeloffj@fiu.edu) (for Master of Social Work)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

PantherID: \_\_\_\_\_

Home Address: \_\_\_\_\_

FIU Email Address:  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Graduate GPA: \_\_\_\_\_

U.S. Citizen or U.S. Permanent Resident: \_\_\_ Yes \_\_\_ No

Florida Resident: \_\_\_ Yes \_\_\_ No

What year do you plan to start the internship? \_\_\_\_\_

Level of experience you will be in:  
\_\_\_ Observation Practicum      \_\_\_ Field Practicum      \_\_\_ Internship

Language Skills:  
\_\_\_ English only  
\_\_\_ Bilingual (if so, in what language(s)): \_\_\_\_\_  
\_\_\_ Native fluency \_\_\_ Conversational \_\_\_ Beginning

**Questions:**

1. What interests you about interning in the school system?
2. Do you plan to work in Miami-Dade County Public Schools after completing the graduate program? If yes or no, please state your reasons.

