

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

**Application Form**

Please print this form and complete. Mail the completed application to Victoria Harrison, MA,  
PO Box 701187, Houston, TX 77270-1187. 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 Background:** List positions held since completing college, most recent first. Add additional paper on back of application if more space is needed.

Position	Organization	Dates

**Educational Background:** List college, university, or any other educational institution attended.

Name of Institution	Location	Major	Degree	Date Conferred

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

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Scholarships, fellowships, academic awards, or honors received:

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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 Please include published and unpublished papers.

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List membership in professional organizations and associations.

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

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

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**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

### Health

How would you describe the current state of you 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.

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

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### 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 \_\_\_\_\_