



Office for Victims of Crime Professional Development Scholarship Application

Thank you for your interest in the OVC Professional Development Scholarship Program. This application will allow us to learn more about you, your organization, and the event you are planning to attend. **OVC TTAC must receive the completed Individual or Multidisciplinary Team (MDT) Professional Development Scholarship application at least 60 calendar days prior to the event or the request will be rejected - NO EXCEPTIONS.**

Section A: Applicant Information

This section will provide additional information about you, the applicant.

1. Name of Applicant:

2. Home Address:

3. City State: Zip Code:

4. Phone: Fax: E-mail:

5. Individual Application

Multidisciplinary Team Application

Team Name: _____

Team Coordinator: _____

Number of Team Members: _____

Names of Team Members: _____

6. Check here if you are a crime victim/survivor and you would like information about additional professional development opportunities from OVC TTAC.

7. How long have you provided direct victim services? Please specify length of time.

8. Please provide a thorough description – a minimum of 5 sentences – of the direct victim services that you currently provide. Include the population(s) you serve, and the specific range of services you provide to victims. Please note that your application cannot be approved without a detailed description that includes both of these factors.

17. Name of Organization Sponsoring the Event:

18. Will you be featured as a speaker or trainer at this event? __ Yes__ No

19. Event Web site (If available):

Section D: Budget Information

This section will provide information about your anticipated expenses and expenses to be covered by your organization.

You must submit information for all anticipated expenses associated with event attendance. The information will be used to calculate the total eligible expenses in accordance with the Federal Government rate for the dates and location of the training. Expenses include tuition or registration fees, lodging, meals and incidental expenses, ground transportation, and travel. Applicants are eligible to receive scholarship funds up to \$1,000 for individuals, \$1,500 for individuals traveling from outside the contiguous United States, and \$5,000 for multidisciplinary teams. Scholarship recipients are required to submit itemized receipts with their reimbursement request.

Please Note: Scholarship approval is not guaranteed. We advise you not to make any financial commitment until you receive confirmation from OVC TTAC.

- **Tuition/Registration fees:** Fees for late registration are not covered by the scholarship.
- **Lodging expenses:** Indicate the number of nights you are requesting. Lodging is not covered by the scholarship if the recipient lives within 50 miles of the event.
- **Meals/Incidental expenses (M&IE):** Indicate the number of full (onsite) and travel days you are requesting. M&IE are reimbursable up to the maximum allowable per diem rate for each day. Note: Meals provided at the event are not eligible reimbursable expenses. Alcohol purchases are also not reimbursable expenses.
- **Ground transportation:** Expenses can include parking, shuttle fare, and taxi or public transportation to and from the training facility, and personal vehicle mileage at the per diem rate to and from the training facility **or** to and from the airport, train, or bus station. Personal vehicle mileage is reimbursed at the Federal Government rate (a mileage statement from an online mapping service must be submitted with the reimbursement form). Rental cars are not covered.
- **Travel:** Expenses (not to exceed \$600) can include round-trip coach airfare, baggage fee, train fare, bus, or shuttle fare. Scholarship recipients must take advantage of excursion or other special airfares (such as 14-day advance purchase) when booking air travel.

PLEASE NOTE: If you need further assistance, please first refer to the Eligibility Criteria on our Web site. Staff members are also available to assist you with completing budgetary requirements by calling 1-866-OVC-TTAC (1-866-682-8822) or TTY: 1-866-682-8880.

OVC Professional Development Scholarship Application (Continued)

PLEASE NOTE: Budget information is **required** in order to be eligible for an OVC Professional Development Scholarship. An application missing this information **will be considered incomplete and rejected. All fields are required; where you are not requesting expense reimbursements, please enter \$0.**

A. Expenses		Total
Number of Event Days		
Tuition/Registration Fee		
	No. of Days	Leave Blank
Lodging <i>(Lodging allowance will be calculated by OVC TTAC based on per diem rates for event location.)</i>		
M&IE for Full (onsite) Days <i>(M&IE allowance will be calculated by OVC TTAC based on per diem rates for event location.)</i>		
M&IE for Travel Days <i>(M&IE allowance, 75% of full day's rate, will be calculated by OVC TTAC based on per diem rates for event location.)</i>		
		Total
Ground Transportation From _____ to _____ Total Personal Car Mileage: _____ miles @ \$0.____/mile = \$_____ Total Parking: \$_____ Total Shuttle: \$_____ Total Taxi: \$_____ Note: Rental car not covered.		
Travel (airfare/baggage fee/train/bus) not to exceed \$600.		
B. Expenses to be Covered by Your Organization		
How much of these expenses will your organization cover?		

C. Division/Unit/Department's Budget Information	
<p>What is your division/unit/department's current total operating budget? <i>If \$0, please explain here:</i></p>	
<p>What is your division/unit/department's current training budget? <i>If \$0, please explain here:</i></p>	
<p>How many people does your division/unit/department employ?</p>	
<p>Training Budget Comments: <i>Please use this section to explain items included within the budget figure that might decrease the amount of training funds allotted to you. Example: if your division/unit/department's training budget also includes a trainer's salary, please mention that here and the amount of the salary.</i></p>	

Section E: Post-Conference Requirements

This section outlines the applicant's post-conference requirements. You must complete these action items and return documentation to OVC TTAC within 30 days of the event to receive reimbursement for your expenses.

- Reimbursement Form
M&IE are reimbursable up to the maximum allowable Federal Government per diem rate for each day. For current rates, please visit www.gsa.gov/mie for more information.
- Evaluation Form
Scholarship recipients are required to provide feedback on the scholarship application process.
- Post Conference Report
As a scholarship recipient, you are required to complete a report explaining how you plan to implement the skills and knowledge you acquired as a result of attending the conference in your ongoing work with crime victims.

Section F: Scholarship Concurrence

This ensures that the information provided in Sections A to D, to the best of your knowledge, is accurate.

I, as the scholarship applicant, certify that:

- (1) the information provided in this application is accurate;
- (2) I have at least 1 year of experience serving crime victims;
- (3) my organization supports the event and scholarship request;
- (4) my organization is unable to completely underwrite the professional development activity for which I am requesting support; and
- (5) I agree to abide by all requirements noted in this application.

I understand and agree that any false information, misrepresentation, or willful or negligent failure to disclose any information pertinent to this application or my organization will constitute sufficient grounds for the removal of my application from consideration, the return of funding by my organization to OVC if funding has been granted, and/or disqualification of my organization from future scholarship opportunities.

Signature of Applicant

Date

Section G: Supervisor/Chief Executive Attestation

This section ensures that your supervisor or organization's chief executive supports your attendance at the training event and all requirements associated with receiving the scholarship.

I support my employee's Professional Development Scholarship application. I acknowledge that should a scholarship be awarded, the employee will be permitted to attend the event and will be supported in the fulfillment of all scholarship requirements. OVC TTAC is welcome to contact me directly to obtain feedback on the impact of the training on my employee's ability to provide quality victim services.

Signature of Supervisor

Date

Printed Name of Supervisor

Title of Supervisor

Name of Organization

Phone Number

E-mail Address

Please mail the original to:

Office for Victims of Crime Training and Technical Assistance Center

OVC Professional Development Scholarship Program

9300 Lee Highway

Fairfax, VA 22031-6050

1-866-OVC-TTAC (1-866-682-8822)

TTY 1-866-682-8880

Web site: www.ovcttac.gov

Checklist To Ensure a Complete Application

- Applicant's division/unit/department's current operating and training budget is included in this application.
- Applicant has obtained supervisor's signature ensuring the fulfillment of all scholarship requirements.
- If this is an MDT application, the team has identified a Team Coordinator.
- MDT members are prepared to submit applications within 48 hours of each other.
- Each MDT applicant will provide the required budget information specific to his or her own organization.