

Office for Victims of Crime Professional Development Scholarship Application

Thank you for your interest in the Office for Victims of Crime (OVC) Professional Development Scholarship Program. This application will allow us to learn more about you, your organization, and the event you are interested in attending. The OVC Training and Technical Assistance Center (OVC TTAC) must receive the completed Individual or Multidisciplinary Team (MDT) scholarship application(s) **at least 60 calendar days in advance** of the event start date, **no exceptions granted**.

Submit all MDT scholarship applications within a 48-hour period. Incomplete submissions resulting in numerous followup emails will cause delays in processing the scholarship applications in a timely manner.

Section A: Applicant Information – Provide details about you, the applicant.			
Name of Applicant:			
Applicant's Position/Title:			
Home Address:			
City, State, ZIP Code:			
Phone Number:		Email Address:	
<input type="checkbox"/> Check if you are a crime victim/survivor and you would like more information about additional professional development opportunities from OVC TTAC.			
Application Type: (check one)	<input type="checkbox"/> Individual	<input type="checkbox"/> Multidisciplinary Team (MDT)	
<i>If Individual application selected, then proceed to the next question. If MDT selected, provide the details below.</i>			
MDT Team Name:			
Name of Team Leader:		Note: We will copy the Team Leader on all email correspondence with the applicant.	
Number of Team Members:	Note: The maximum number of team members cannot exceed five.		
Full Names of Team Members:	1.		
	2.		
	3.		
	4.		
	5.		
How long have you been providing direct victim services in your professional career (including volunteer work)? Please specify the length of time in months or years.			
In a minimum of five sentences, please write a description of your daily duties and responsibilities at your organization and your outreach to victims of crime. Include the population(s) you serve and the specific range of services you provide to victims. We encourage you to be as detailed as possible. Please do not write about your organization in this section. An incomplete answer will result in a delay in processing your scholarship application.			
<i>Example: I have been a child interviewer for the past 3 years at my local advocacy center. As one of the main child interviewers, I am responsible for interviewing children and delayed adults who have been victims of crime. I am required to use skills and techniques based in research on suggestibility, child development, memory, and dynamics of sexual and physical abuse. I conduct the interviews in English and Spanish. I also provide crisis intervention and followup counseling referrals throughout the criminal justice system process. I am also required to testify in criminal and civil hearings.</i>			

In a minimum of five sentences, please describe what you hope to achieve from attending this event and how you will incorporate the knowledge gained from this experience into your daily work. Include why this conference is relevant to the direct service work you do, what specific knowledge, skills, and abilities you hope to acquire, and how you will apply them in your direct services to victims of crime. Further, make sure you provide justification for attending any pre-event sessions (if applicable). **Please do not write about your duties and responsibilities in this section, as you should provide that information in the previous question. An incomplete answer will result in a delay in processing your scholarship application.**

Example: The Child First training covers suggestibility, how children experience sexual abuse, child development, effective interviewing, the process of disclosure, cultural competency, and legal issues. This information will help me conduct interviews that are developmentally appropriate for the child's cognitive, social, and emotional development and are considerate of their culture and ethnicity. I hope to capitalize on the knowledge gained from attending this training by enhancing my victim advocacy and support skills. I am also particularly interested in expanding my knowledge in working with multidisciplinary teams. I would use all this information in order to enhance my services and strengthen my teams.

Section B: Organization Information – Provide details about your organization.

Name of Organization:			
Name and Title of Organization's Chief Executive:			
Street Address:			
City, State, ZIP Code:			
Phone Number:		Website:	
Type of Organization: (check one)	<input type="checkbox"/> Community-Based Victim Services Organization		
	<input type="checkbox"/> System-Based Victim Services Agency (law enforcement, prosecutor, court, corrections)		
	<input type="checkbox"/> Mental Health Organization		
	<input type="checkbox"/> Health-Based Organization		
	<input type="checkbox"/> Legal Services for Victims of Crime		
	<input type="checkbox"/> Faith-Based Organization		
	<input type="checkbox"/> Social Services Organization, Nonprofit		
	<input type="checkbox"/> Tribal Victim Services Organization		
<input type="checkbox"/> Other (please specify):			
Have you received training funds from the Office for Victims of Crime in the last 12 months? (check one)	<input type="checkbox"/> Yes (please describe the purpose of your training funding):		
	<input type="checkbox"/> No		
Have you or your organization received an OVC Professional Development Scholarship in the past 12 months? (check one)	<input type="checkbox"/> Yes (please specify below):		
	<input type="checkbox"/> No		

Section C: Event Information – Provide details about the event you are interested in attending.

Event Title:			
Name of Organization Sponsoring the Event:			
Event Start and End Dates:			
<i>Provide actual event dates. Scholarships do not cover any post-event session(s).</i>			
<input type="checkbox"/> Check if event registration covers pre-event session(s) and you provided justification for attending in the “what you will gain from attending the event” question in Section A.			
Event City, State, ZIP Code:			
Event Website (if available):			
Are you a featured speaker or trainer at the event? (check one)	<input type="checkbox"/> Yes (please specify below):		
	<input type="checkbox"/> No		

Section D: Budget Information – Provide details about your anticipated travel expenses for the event, expenses that your organization may cover, and details about your organization’s operating and training budgets and number of employees.

Submit information for all anticipated travel expenses associated with event attendance. We will use the information to calculate the total eligible expenses in accordance with the Federal Government per diem rates for the dates and location of the event. Expenses cover event registration fees, lodging, meals and incidental expenses (M&IE), ground transportation, and travel.

The program provides funds up to \$1,000 for individuals, up to \$1,500 for individuals whose participation in the event requires traveling to or from the contiguous United States, and up to \$5,000 for multidisciplinary teams of victim service professionals seeking education opportunities.

Scholarship recipients are required to submit itemized receipts with their reimbursement requests. **Detailed M&IE receipts are required for each meal.**

Note: Scholarship approval is not a certainty. We recommend not making any financial commitment(s) until receiving final confirmation from OVC TTAC. Further, scholarship awards will not be amended to include any travel expenses not initially requested on the application and approved by OVC.

Complete all budgetary information fields in the scholarship application. Please enter **zero or \$0.00** if you are not requesting that travel expense. An application that is missing any information is incomplete and will be rejected.

If you need further assistance, please refer to the Eligibility Criteria section on our website. Staff members are also available to assist you in completing budgetary requirements by calling the OVC TTAC Call Center at 1-866-682-8822 or TTY 1-866-682-8880.

Travel Expenses		Number of Days	Total Amount
Event Registration Fees (enter dollar amount)			\$
<i>Attendance for actual event days only. Registration fees do not cover any post-event session(s), continuing education opportunities, special lectures or luncheons, purchasing of conference manuals, or other special events. Note: Applicants must make every effort to secure the “early-bird” event fee, if available.</i>			
Lodging			Calculated by OVC TTAC
<i>Covers room and taxes only. Indicate the total number of nights you are requesting. Lodging requests do not cover room service, parking, Internet usage, or any personal purchases. Note: Applicants living within 50 miles of the event are ineligible for lodging.</i>			
Meals & Incidental Expenses (M&IE)	Full Days (onsite):		Calculated by OVC TTAC
	Travel Days (75% of full-day rate):		
<i>Indicate the total number of full (onsite) and travel days you are requesting. M&IE are reimbursable up to the maximum allowable Federal Government per diem rate for each day. M&IE provided by the event organizers are not eligible for reimbursement. Further, alcohol purchases are not reimbursable expenses. Note: Applicants living within 50 miles of the event are ineligible for M&IE.</i>			

Travel Expenses (continued)		Total Amount	
Ground Transportation (enter dollar amounts)	Mileage (one roundtrip):	\$	Calculated by OVC TTAC
	Starting Address:		
	Ending Address:		
	Total Mileage:		
	Total Parking and Tolls:	\$	
	Total Shuttle:	\$	
	Total Taxicab Fare (includes Uber or Lyft):	\$	
Total Public Transportation (bus or subway):	\$		
Expenses may include parking, tolls, shuttle fare, taxicab fare (includes Uber or Lyft), and public transportation (bus or subway) to and from the event facility. It may also include personal vehicle mileage at the allowable Federal Government mileage rate for up to one roundtrip to and from the event facility <u>or</u> to and from the airport, train, or bus station. If claiming mileage, then include driving direction printouts from an online mapping service at the time of reimbursement. Note: Rental cars and fuel are not covered.			
Travel (enter dollar amount)			\$
May include one roundtrip economy class airfare, train fare, or bus ticket and associated baggage fees, not to exceed \$600 . Applicants must take advantage of excursion or other special airfare, such as 14-day advance purchases, when booking air travel. Note: Seat upgrades, meal service, and flight insurance are not covered.			
Expenses Covered by Your Organization			
How much of the travel expenses will your organization cover? (enter \$0.00 if no funds are available)			\$
Division/Unit/Department's Budget Information			
What is your division/unit/department's current total operating budget? <i>If \$0.00, explain here:</i>			\$
What is your division/unit/department's current total training budget? <i>If \$0.00, explain here:</i>			\$
How many employees are there in your division/unit/department? (enter number)			
Training Budget Comments – Minimum of three sentences: <i>Use this section to explain items included within the budget figure that might decrease the amount of training funds allotted to you.</i> Example: <i>If your division/unit/department's training budget also includes a trainer's salary, mention that here, along with the amount of the salary.</i>			

Section E: Post-Event Requirements – Should you receive a scholarship, you must complete these action items and return documentation to OVC TTAC within 14 calendar days of the event to receive reimbursement for your expenses.

The three documents mentioned below are only available should you receive a scholarship award email.

- Reimbursement Form
Fill out the form based on all incurred costs from attending the event, as outlined by the line item maximums in the award email. M&IE are reimbursable up to the maximum allowable Federal Government per diem rate for each day. For current rates, please visit [Meals and Incidental Expenses \(M&IE\) Breakdown](#) for more information. **Detailed M&IE receipts are required for each meal. We do not cover any meals provided by the event organizers. Alcohol purchases are not reimbursable.**
- Evaluation Form
Scholarship recipients are required to complete the online SurveyMonkey survey in order to provide feedback on the scholarship application process. **Note:** We will delay processing your reimbursement until we receive confirmation that you completed the survey.
- Post-Event Summary Report
As a scholarship recipient, you are required to complete a report explaining how you plan to implement the skills and knowledge you acquired from attending the event in your ongoing work with crime victims.

Section F: Scholarship Concurrence – Applicant acknowledgment that the details provided in Sections A through D, to the best of your knowledge, are accurate and concise.

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;
5. I will attend conference plenary sessions, as well as any sessions relevant to my work with the understanding that I might be recognized by the conference host for receiving a scholarship during the conference; and
6. 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 Concurrence – Approval from your supervisor or chief executive indicating they support your attendance at the event and will abide with all of the requirements associated with receiving the scholarship.

I support my employee's Professional Development Scholarship application. I acknowledge that should they receive a scholarship award, they can attend the event and will be supported in the fulfillment of all scholarship requirements. I will hold them accountable for attending all conference sessions of the event. 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 and Title of Supervisor

Name of Organization

Phone Number

Email Address

Please mail completed application to:

Office for Victims of Crime Training and Technical Assistance Center

Attn: OVC Professional Development Scholarship Program

9300 Lee Highway | Fairfax, VA 22031

Applicants may also submit their application via fax 703-225-2338 or by email ttac@ovcttac.org.

For additional assistance, please call the OVC TTAC Call Center at 1-866-682-8822 or TTY 1-866-682-8880.

You may also visit our website www.ovcttac.gov/pds.

Checklist to Ensure an Application is Complete

<input type="checkbox"/>	Applicant clearly stated how long they have been providing direct victim services.	<input type="checkbox"/>	Applicant provided operating and training budget totals.
<input type="checkbox"/>	Applicant wrote a minimum of five sentences regarding their duties and responsibilities.	<input type="checkbox"/>	Applicant wrote a minimum of three sentences regarding training budget comments, if applicable.
<input type="checkbox"/>	Applicant wrote a minimum of five sentences regarding what they will gain from attending the event.	<input type="checkbox"/>	If this is an MDT application, the team identified an MDT leader to oversee all applications.
<input type="checkbox"/>	Applicant indicated whether they or their agency had received a scholarship previously (to the best of their knowledge).	<input type="checkbox"/>	MDT members are prepared to submit their applications within 48-hours of each other.
<input type="checkbox"/>	Applicant requested all travel expenses needed to attend the event.	<input type="checkbox"/>	MDT members will provide required budgetary details specific to their organizations.