

## Indiana Victim Assistance Training Project Scholarship Application

*The Indiana Victim Assistance Training Project offers scholarships to attend national training events. Applicants must provide direct services to victims of crime and be employed by a non-profit or government agency. Scholarship awards cannot exceed \$2,000 and priority will be given to applicants who work with victims from marginalized or underfunded communities. Submit all completed applications to Suzanne O'Malley at [somalley@icadvinc.org](mailto:somalley@icadvinc.org) or ICADV attn.: Suzanne O'Malley, 1915 W. 18<sup>th</sup> Street, Suite B, Indianapolis, IN 46202. See information sheet for applicable deadlines.*

### Section A: Applicant Information – Provide details about you, the applicant.

Name of Applicant:			
Applicant's Position/Title:			
Address:			
City, State, ZIP Code:			
Phone Number:		Email Address:	
<input type="checkbox"/> Check if you plan to submit a scholarship application to another entity for the same training. Applying for scholarships from multiple entities will not disqualify you from obtaining financial assistance.			
<b>Please provide the name of the entity:</b>			
<b>How long have you been providing direct victim services in your professional career?</b> Please specify the length of time in months or years.			
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			
<i>Example: I have been a child interviewer for the past 3 years. 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>			

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. 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 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:	
County/counties served:			

Type of Organization: (check one)	<input type="checkbox"/> Domestic Violence shelter/program
	<input type="checkbox"/> Dual Sexual Assault/ Domestic Violence program
	<input type="checkbox"/> Sexual Assault program
	<input type="checkbox"/> Child Advocacy Center
	<input type="checkbox"/> Mental Health Organization/Provider
	<input type="checkbox"/> Substance Abuse provider
	<input type="checkbox"/> Hospital/Medical based program
	<input type="checkbox"/> Law Enforcement Agency
	<input type="checkbox"/> Prosecutor's Office
	<input type="checkbox"/> Courts
	<input type="checkbox"/> State Agency
	<input type="checkbox"/> County Agency
	<input type="checkbox"/> Immigration
	<input type="checkbox"/> Community-based nonprofit
	<input type="checkbox"/> Other Nonprofit Victim Service Provider

**Tells us about the community and victims you serve both as an organization and as an individual. Include relevant demographics.**

**Section C: Event Information** – Provide details about the event you are interested in attending. Applications to attend programs sponsored by the Office for Victims of Crime (OVC) or the Office on Violence Against Women (OVW) will be processed faster than applications to attend other events.

Event Title:	
Name of Organization(s) 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 :	

**Section D: Budget Information** – Provide details about your anticipated travel expenses for the event and expenses that your organization may cover.

Scholarship approval is not a certainty. **We recommend not making any financial commitment(s) until receiving notification of an award.** Scholarship awards will not be amended to include any travel expenses not initially requested on the application.

All scholarship awards are based on funding supported by grant 2018-V3-GX-0028, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. Scholarship recommendations are made by the Indiana Victim Assistance Training Project and do not necessarily represent the official position or policies of the U.S. Department of Justice.

**Please submit a conference agenda and supporting documentation for all anticipated travel expenses.** 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. Scholarship funds will cover event registration fees, lodging, meals and incidental expenses (M&IE), ground transportation, parking, and mileages expenses.

Expense Item	Computation	Budget Information
Training Registration Fee		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. <b>Submit a conference agenda with your application.</b>
Meals & Incidentals	Number of Travel Days:	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.
	Number of Full Days:	
Lodging	Number of room nights:  If the conference provides a discounted hotel room rate list that rate here:	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.

For the following travel expenses, complete all line items in the box associated with your chosen mode of transportation. Please enter "0" if not requesting funding for a line item. Fill in **ONLY** the information associated with your chosen method of transportation, leave the remaining boxes empty. **Note: Rental cars and fuel are not covered under the scholarship.** Allowable transportation expenses to and from bus station or airport include: cab, Uber, Lyft, shuttle or public transportation.

Driving	Departure address: Training location address: Total miles roundtrip: Hotel/conference parking fee: Tolls: \$	Mileage should be calculated using MapQuest, Google Maps, or a similar online mapping resource. Note: rental cars and fuel are not covered under the scholarship.
Bus	Fee bus ticket: \$ <u>Departure city bus station</u> Mileage roundtrip: Ground transportation roundtrip: \$ <u>Destination city bus station</u> Ground transportation roundtrip: \$ Transportation round trip from bus station to hotel or training venue: \$	Ticket need not be purchase in advance. <b>Submit with your application a print out from the bus company indicating the fare amount.</b> Reimbursement for travel to and from the bus station is available. Submit either the total number of miles you will drive or the cost of other ground transportation.
Airline	Price roundtrip ticket: \$ Baggage fee: \$ Airport parking fee: \$ <u>Departure airport</u> Mileage roundtrip: Ground transportation roundtrip: \$ <u>Destination airport</u> Ground transportation roundtrip: \$	Scholarship may cover one economy airline ticket. Note: seat upgrades, meal service and flight insurance are not covered. Airline tickets need not be purchased in advance. Reimbursement for travel to and from the airport is available. Submit either the total number of miles you will drive round trip or the cost of other ground transportation. <b>Submit with your application a print out of the airline flight information and cost of the ticket you would purchase if funds were available at the time of submission.</b>

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### Expenses Covered by Your Organization

How much of the travel expenses will your organization cover? (enter <b>\$0.00</b> if no funds are available)	\$
Will the applicant be able to attend the training if a scholarship is not provided?	

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

The two documents mentioned below will be made available should you receive a scholarship award.

- 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.**
- 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 and an evaluation of the program you attended.

**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 training event for which I am requesting support;
5. I will attend conference plenary sessions, as well as any sessions relevant to my work; 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 if funding has been granted, and/or disqualification of my organization from future scholarship opportunities.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Section G: Supervisor/Chief Executive**

**Please provide any additional information about the applicant, organization or community you serve that we should consider in making an award determination.**

**Supervisor/Chief Executive Certification**

**I support my employee's 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 and for completing the post-award requirements.**

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title of Supervisor

\_\_\_\_\_  
Name of Organization