

## **National Human Trafficking Training and Technical Assistance Center Professional Development Scholarship Application**

Thank you for your interest in the Professional Development Scholarship Program. This application will allow us to learn more about you, your organization, and the event you are planning to attend. NHTTAC offers the professional development scholarships to individuals and multidisciplinary teams (MDT) that work with human trafficking survivors and/or populations at risk of human trafficking. Scholarships are awarded to enhance the recipient’s ability to deliver a public health response to human trafficking.

**The National Human Trafficking Training and Technical Assistance Center (NHTTAC) 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. Please note: All MDT members must complete their own applications and must all be submitted within 48 hours of each other.**

For assistance, please contact NHTTAC by calling toll free (844) 648-8822 or emailing [info@nhttac.org](mailto:info@nhttac.org)

### **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: Email Address:
- 5.  Individual Application

**Multidisciplinary Team Application**

- Team Name: \_\_\_\_\_
- Team Coordinator: \_\_\_\_\_
- Number of Team Members: \_\_\_\_\_
- Names of Team Members:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

6. How long have you worked with human trafficking survivors and/or populations at risk of human trafficking? **Please specify length of time.**
  - 1-3 years
  - 3-5 years
  - More than 5 years
  
7. Please provide a detailed description of the direct services you currently provide to victims of human trafficking and/or populations at risk of human trafficking. **(Minimum of five sentences)**
  
8. Please provide a detailed explanation of how you will use the information you learn to improve your work with human trafficking and/or populations at risk of human trafficking. Please provide examples where appropriate. **(Minimum of five sentences)**

---

## Section B: Organization Information

*This section will provide additional information about your organization.*

7. Name of Organization:
  
8. Name and Title of Organization's Chief Executive:
  
9. Street Address:
  
10. City:                                      State:                                      Zip Code:
  
  
11. Phone:                                      Fax:                                      Website:
  
  
12. Applicant's Position/Title:
  
13. Type of Organization and/or Role. *Select all that apply.*

### **Type of Organization**

- Anti-trafficking organization
- Business/for-profit organization
- Coalition/Multidisciplinary Team/Task Force
- Federal government
- Faith-based organization
- State/Local Government

- Nonprofit/community-based organization
- Survivor led organization
- Tribal government
- Union/worker advocacy organization
- Victim service provider

**Professional Capacity and Types of Services**

- Behavioral health professional (psychologist, psychiatrist, mental health/substance use counselor)
- Child welfare (state agency staff; child welfare contractor; non-profit personnel)
- Corrections Based Services
- Criminal justice (e.g., law enforcement, prosecutor, probation, court)
- Educator (teacher, professor, school administrator)
- Health care (physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist)
- Housing (case worker, shelter director, public housing authority agencies)
- Legal (civil and/or rights-based attorney and/or paralegal, clinic)
- Public health (health department staff, health care executive, community health workers)
- Social worker (case manager, school counselor, supervisor, administrator)
- Survivor Empowerment and Mentoring
- Other (Specify): \_\_\_\_\_

14. Have you or your organization received a NHTTAC Professional Development Scholarship from in the past 12 months?

\_\_ Yes    \_\_ No

---

**Section C: Event Information**

*This section will provide additional information about the event you are planning to attend.*

15. Event Title:

16. Date(s):

Location (City, State):

17. Name of Organization Sponsoring the Event:

18. Will you be featured as a speaker or trainer at this event? \_\_ Yes \_\_ No

19. Event Website (If available):

---

**Section D: Budget Information**

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

*NHTTAC Professional Development Scholarship Application (Continued)*

Applicants are eligible to receive scholarship funds up to \$500 for individuals, \$1,500 for multidisciplinary teams. Allowable expenses include tuition/registration fees (late fees are not allowable), transportation, and lodging. Applicants are eligible to receive up to \$500 per individual recipient for transportation expenses (such as airfare, train, or bus fare), and lodging expenses (up to the federal government rate in that area, for current rates, please visit [www.gsa.gov](http://www.gsa.gov)). Rental car services are not reimbursable under any circumstances. Lodging is not covered by the scholarship if the recipient lives within 50 miles of the event.

Expenses will be paid directly on awardees behalf by NHTTAC and our travel agency in advance of the event. **An application missing the following information will be considered incomplete and rejected. All fields are required; where you are not requesting expense reimbursements, please enter \$0.**

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

<b>A. Expenses</b>		<b>Total</b>
Number of Event Days		
Tuition/Registration Fee		
	<b>No. of Days</b>	<b>Leave Blank</b>
Lodging <i>(Lodging allowance will be calculated by NHTTAC based on per diem rates for event location.)</i>		
	<b>Mode of Transportation</b>	<b>Leave Blank</b>
Travel (airfare/train/bus) not to exceed \$500. <i>(Travel will be arranged through the NHTTAC travel department. Rental cars are not allowable under any circumstances)</i>		
Please identify which mode of travel is needed for arrival and departure, and include the dates of travel.		
<b>B. Expenses to be Covered by Your Organization</b>		<b>Total</b>
What other expenses will your organization cover? <i>(Enter \$0 if no funds are available.)</i>		
<b>C. Division/Unit/Department's Budget Information</b> <i>(Enter \$0 for any fields where no funds are available.)</i>		
What is your division/unit/department's current total operating budget? <i>If \$0, please explain here:</i>		

*NHTTAC Professional Development Scholarship Application (Continued)*

What is your division/unit/department's current training budget? <i>If \$0, please explain here:</i>	
How many people does your division/unit/department employ?	
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>	

---

**Section E: 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 human trafficking survivors and/or populations at risk of human trafficking;
- (3) My organization supports the event and scholarship request, but is unable to completely underwrite the professional development activity for which I am requesting support; **or** I work independently and have attached a letter of support from someone with whom I have an established working relationship; and
- (4) 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 the National Human Trafficking Training and Technical Assistance Center if funding has been granted, and/or disqualification of my organization from future scholarship opportunities.

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

\_\_\_\_\_  
Date

---

**Section F: 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. Please note: If you work independently, you must instead attach a letter of support from someone with whom you have working relationship.*

*NHTTAC Professional Development Scholarship Application (Continued)*

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. NHTTAC 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 email the completed application to [info@nhttac.org](mailto:info@nhttac.org) with the subject line stating, "Professional Development Scholarship Application."

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS/ACF Reports Clearance Officer; 370 L'Enfant Promenade, S.W.; Washington, D.C. 20447