

Describe your current professional setting and how you use or apply TA.

How will the grant be used? Identify the training program in which you will be participating. How did you decide on this program?

How do you imagine you will be different, personally and professionally, as a result of your participation in this program?

How do you currently participate in the ITAA or affiliate organization? How do you see yourself participating in the future as a result of acquiring advanced training?

Applicant's Signature: _____ Date: _____

FINANCIAL STATEMENT

NAME: _____ DATE OF BIRTH: _____
(FIRST - MIDDLE - LAST) (MONTH - DAY - YEAR)

Occupation: _____

Employed by: _____

Spouse's Occupation / Employer: _____

Number of Dependents you count as Income Tax Exemptions: _____

APPLICANT'S ANNUAL INCOME & EXPENSES

	Year 20__	Year 20__	Year 20__
	Prior to	Prior of	Following
	Application	Application	Application <small>(Estimate)</small>
A. Total Taxable Income	\$	\$	\$
B. Business Expenses	\$	\$	\$
C. Adjusted Taxable Income <small>(A minus B)</small>	\$	\$	\$
D. Nontaxable Income <small>(i.e., social security, veteran benefits, welfare, alimony, child support, etc.)</small>	\$	\$	\$
E. Spouse / Partner Income	\$	\$	\$
F. Total Income	\$	\$	\$
G. Living Expenses	\$	\$	\$
H. Income Tax <small>(Federal/State)</small>	\$	\$	\$
I. Emergency Expenses	\$	\$	\$

APPLICANT'S ASSETS AND LIABILITIES

HOME (if owned)

Year Purchased: _____ Purchase Price: \$ _____ Current Value: \$ _____

OTHER REAL ESTATE

Year Purchased: _____ Purchase Price: \$ _____ Current Value: \$ _____

AUTOMOBILE

Year: _____ Model _____ Current Value: \$ _____

RESOURCES

Savings: \$ _____ **Other:** \$ _____

(ENDOWMENTS, TRUSTS, GRANTS, SCHOLARSHIPS, INVESTMENTS, ETC.)

INDEBTEDNESS

Loan amount to be paid in year of application: \$ _____

(MORTGAGE, CAR LOAN, PRIOR MEDICAL DEBTS, SCHOOL LOANS, ETC.)

COMPLETE IF APPLYING FOR TRAINING

TOTAL TRAINING EXPENSES

	Year 20__	Year 20__	Year 20__
	Prior to	Prior of	Following
	Application	Application	Application
			(Estimate)
A. TA Training Program	\$ _____	\$ _____	\$ _____
B. Special Workshop Tuition	\$ _____	\$ _____	\$ _____
C. Contract Filing Fees and Exam Fees	\$ _____	\$ _____	\$ _____
D. Books and Supplies	\$ _____	\$ _____	\$ _____

Specify TA workshop or training program you wish to attend: _____

Training Grant Request: \$ _____

COMPLETE IF APPLYING FOR CONFERENCE FEE GRANT

Specify conference you wish to attend: _____

Purpose for attending conference: _____

Registration Fee: \$ _____

Total Grant Requested: \$ _____

Total Grant = Training Grant + Registration Fee Grant + Membership Fee Grant

Please Note: The Total Grant Requested may not exceed \$1200 per year with a maximum grant of \$3600 over a 3-year period.

APPLICANT CERTIFICATION

"I certify that all information I have provided in this application is true and correct as of the date set forth opposite my signature."

Applicant's Signature: _____ **Date:** _____

SCHOLARSHIP GRANT FUND STATEMENT BY SUPERVISOR
To Be Completed by Supervisor and Forwarded to ITAA Separately

Supervisor's Name: _____

Telephone: _____ **Email:** _____

Applicant's Name: _____

1. How long have you known the applicant? _____
2. How long has the applicant been in training with you? _____
3. Please comment on the applicant's strength and unique qualities.

4. Please assess the applicant's potential contribution to the ITAA.

5. Please assess your level of endorsement for this grant.

6. How are you, as applicant's Supervisor (or your institute), helping to support the applicant financially?

7. How will you, as applicant's Supervisor (or institute) promote the ITAA to the applicant?

Supervisor's Signature: _____ **Date:** _____