

TCFV Annual Executive Directors' Conference: *Directing the Work* Stipend Application

Thank you for your interest in the stipend for TCFV's Executive Directors' Conference: *Directing the Work* on January 30 – 31, 2012 in Austin. The application allows us to learn more about you and your organization. The scholarship is competitive, so please fill out the application completely.

Stipend awards are based on eligibility, are limited to available funds, and are processed in order in which applications are received. Stipends are granted on a reimbursement basis only. A maximum of one stipend will be awarded per program. Stipends are nontransferable and can be used only for the professional development related to an applicant's attendance at the TCFV Executive Directors' Conference. Please ensure that your organization avoids "double dipping" and does not request reimbursement from another source for the expenses covered by this stipend.

Application must be received by January 6th, 2012 by 5pm.

Please submit completed application by email to Cassie Drochelman at cdrochelman@tcfv.org. You should receive a confirmation email in reply. If you do not receive a confirmation email within two days, please call 800.525.1978. Please initial to confirm that you have read and understand the above procedures.

Contact Information

| | |
|------------------|--|
| Name | |
| Position | |
| Organization | |
| Business Address | |
| City ST ZIP Code | |
| Business Phone | |
| E-Mail Address | |
| Fax | |

Additional Information

Is your organization

State/County/Local Municipality

Nonprofit

Other: Please specify: _____

Are you a TCFV individual Member?

Yes

No

Is your organization a TCFV Member?

Yes

No

If yes, what category member?

Family Violence Program

Emerging Family Violence Program

Community Partner

Is your organization funded by the Texas Department of Health and Human Services (HHSC)?

- Yes
 No

Letter of Request

Summarize why you are in need of a stipend to attend the TCFV Annual Executive Directors' Conference: *Directing the Work*.

Expenses to be covered by TCFV

TCFV will cover the registration cost of the conference and/or associated travel fees. Registration fees will be reimbursed to the stipend recipient after the conference. Stipend recipients are expected to preregister for the conference and will be required to submit a non-staff travel form and original receipts for travel expenses to Austin, lodging, and meals. Please list estimated amount requested.

Travel:

Hotel/Lodging: \$ _____
(.85.00/night government rate)

Other: \$ _____
(Please Explain)

Mileage: \$ _____
(.555 per mile reimbursed)

Flight: \$ _____

Per Diem: \$ _____
(36.00 per day maximum)

Registration:

TCFV Member: \$ 155

Non-Member: \$ 170

Total Amount Requested: \$ _____

Agreement and Signature

By submitting this application, I certify that the information provided in this application is accurate, my organization supports the event and stipend request and my organization is unable to completely underwrite the professional development activity for which the applicant is requesting to support.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of TCFV to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.