

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

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

5. 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: _____

Return completed form to: ITAA Scholarship Grant Fund
2186 Rheem Drive #B-1
Pleasanton, CA 94588
Fax: +1 925 600 8112

FINANCIAL STATEMENT FORM

Name: _____
(First - Middle - Last)

Date of Birth: _____ Social Security #: _____
(Month - Day - Year) (US Applicants Only)

Married: ___ Yes ___ No Children: ___ Yes ___ No Ages: _____

Occupation: _____

Employed by: _____

Spouse's Occupation / Employer: _____

Number of Dependents you count as Income Tax Exemptions: _____

APPLICANT'S ANNUAL INCOME & EXPENSES:	Year _____ Prior to Application	Year _____ Prior of Application	Year _____ Following Application (Estimate)
A. Total Taxable Income	\$ _____	\$ _____	\$ _____
B. Business Expenses	\$ _____	\$ _____	\$ _____
C. Adjusted Taxable Income (A minus B)	\$ _____	\$ _____	\$ _____
D. Nontaxable Income (i.e. social security, veterans benefits, welfare, alimony, child support, etc.)	\$ _____	\$ _____	\$ _____
E. Spouse / Partner Income	\$ _____	\$ _____	\$ _____
F. Total Income	\$ _____	\$ _____	\$ _____
G. Living Expenses	\$ _____	\$ _____	\$ _____
H. Income Tax (Federal / State)	\$ _____	\$ _____	\$ _____
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: 1. Savings \$ _____ 2. 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.)

I. COMPLETE THIS SECTION IF APPLYING FOR TRAINING

TOTAL EXPENSES FOR TRAINING:	Year _____ Prior to Application	Year _____ Year of Application	Year _____ Following Application (estimate)
A. TA Training Program	\$ _____	\$ _____	\$ _____
B. Special Workshop Tuition	\$ _____	\$ _____	\$ _____
C. Contract Filing Fees & Exam Fees	\$ _____	\$ _____	\$ _____
D. Books & Supplies	\$ _____	\$ _____	\$ _____

Specify TA Training Program or Workshop you wish to attend:

TOTAL GRANT REQUEST: \$ _____ (maximum \$1,200 per year)

II. COMPLETE THIS SECTION IF APPLYING FOR CONFERENCE FEE WAIVER

Specify conference you wish to attend: _____

State why you want to attend the conference: _____

Registration Fee: \$ _____ TOTAL MONEY REQUESTED: \$ _____

III. COMPLETE THIS SECTION IF APPLYING FOR ITAA DUES WAIVER

For what membership dues are you applying? _____

TOTAL MONEY REQUESTED \$ _____

(Partial Request: \$ _____ Full Dues Request: \$ _____)

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 separately to ITAA.

Supervisor's Name: _____

Telephone: _____ Fax: _____

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 ITAA.

5. Please rate applicant's degree of preparation for BOC exam.

Low 1--2--3--4--5--6--7--8--9--10 High

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

_____ Date: _____
Supervisor's Signature

Please forward this form to Scholarship Grant Fund, ITAA;
2186 Rheem Drive, #B-1, Pleasanton, CA 94588;
Phone 925-600-8110; Fax 925-600-8112; Email itaa@itaa-net.org