

**RTAP SCHOLARSHIP APPLICATION**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Organization to be reimbursed: \_\_\_\_\_

Address to submit payment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of seminar/course/conference: \_\_\_\_\_

Location (City/State): \_\_\_\_\_ Date(s): \_\_\_\_\_

Eligibility Questions: Please check the boxes that apply.

I receive the following funding sources:  5310  5311  5307

The population in my county is  50,000 or less  50,000 to 150,000  150,000 to 200,000  Over 200,000

Organization type:  Non-profit  Government Organization  For-Profit  Other

Please provide a brief description of your service area and services provided. :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of training program you are attending and why this program was selected compared to other training programs.

\_\_\_\_\_  
\_\_\_\_\_

Explain how your attendance will benefit your organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Estimated Expenses

Registration Fee	\$ _____
Mileage (____ miles x \$.IRS rate/mile) or Car Rental Fee (____days x \$50/day max)	\$ _____
Gas (if renting car)	\$ _____
Lodging No. of nights:____ (reimbursed at CA State Gov rate)	\$ _____
Airfare/Rail	\$ _____
Tolls/Parking/Taxi/Public Transit	\$ _____
<b>TOTAL SCHOLARSHIP REQUEST</b>	<b>\$ _____</b>

*\*You may be required to justify travel mode based on factors such as mileage or airfare cost and lodging nights required. Maximum reimbursement for tickets purchased less than 14-days in advance will be based on mileage at a rate that is the same as the automobile mileage reimbursement. Please attach a Google map with mileage from work place to training site. You cannot incur any expenses prior to approval from CALACT and Caltrans.*

*Reimbursement for the scholarship must follow California State Rates:*

- *Hotel rates are reimbursed according to the State Guidelines, please use the [link](#) to review rates.*
- *Mileage: \$.IRS Rate*
- *Air, bus and train fares must be booked at lowest available coach rates at least 14 days in advance, airfare purchased at a later date will be paid at the IRS mileage rate or equivalent airfare.*
- *Rental car fees are not eligible for reimbursement but can be used as match at a rate of \$50.00 per day, with a maximum of \$300.00*

By signing this application, I swear that the information provided is true. I realize that if my expense forms are not submitted for reimbursement within 45 days my agency will not be reimbursed for any incurred training expenses. You must submit a receipt for all expenses on your request for reimbursement and for mileage include a google map notating the mileage. Meals cannot be reimbursed but can be used towards match. ***Please remember you cannot incur any expenses prior to approval of the scholarship application by CALACT and Caltrans.***

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

---

Email Completed Application to [Jacklyn@calact.org](mailto:Jacklyn@calact.org)