



9620 NE 2<sup>nd</sup> Ave. Ste 207, Miami Shores, FL 33138  
[www.TherapyCertificationTraining.org](http://www.TherapyCertificationTraining.org) 305-891-1827

## STTI Scholarship Program

STTI has chosen to make a scholarship program available to provide service to an underserved community and to educate qualified professionals with minimal financial resources. This scholarship will assist by providing partial funding for mental health professionals and other healthcare providers working primarily with an indigent population or clients with an income at or below poverty level.

Eligible applicants are licensed, registered, or certified mental health professionals (i.e. LMFT, LPC, LCSW, LMHC); interns in the process of pursuing licensure, or the equivalent in their country of residence; or individuals who can offer something unique to their community. Scholarship candidates must demonstrate a financial need and be able to identify how they will utilize the training for the betterment of the community they are serving.

STTI will award from \$500 to \$4,325 grant towards the \$8,650 tuition to the award recipient. The scholarship committee will evaluate the applicants and decide on the amount to be awarded. All recipients are responsible for the remaining tuition, which may be paid monthly or quarterly installments.

### Application Requirements

1. A personal and background statement written by the applicant (two pages) describing how the STTI Certification will be applied to career goals and why the applicant is deserving of the award.
2. A proposal ( 4-8 pages) describing the lack of services in the applicant's area of practice and how sex and sexuality intervention and/or treatment will be incorporated into a program that will benefit an underserved community.
3. Complete the online STTI Certification Program Application (be sure to include all supporting documents).
4. Complete and sign the STTI Financial Aid application;
5. Two professional letters of recommendation in support of the applicant's application and career goals.
6. Sign acknowledgment of the application criteria and requirements (last page of this document).

**Please Note: *Incomplete applications will not be reviewed by the Committee.***



**Dr. Carol L. Clark**

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Dr. Carol L. Clark is an approved Continuing Education provider by the Florida Board of Nursing, expires 10/25; Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, expires 3/25; and the Florida Board of Psychology, expires 5/26; Provider #50-550/BAP 585. Dr. Carol Clark is an approved provider for the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) #11-112B. Dr. Carol L. Clark, DBA Therapy Certification Training has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6856. Programs that do not qualify for NBCC credit are clearly identified. Dr. Carol L. Clark, DBA Therapy Certification Training is solely responsible for all aspects of the programs.

### Selection Criteria

A Selection Committee of STTI Board Members will review applications and determine award recipients and the amount of the award. Applications will be judged using the following criteria, listed in order of importance:

- Commitment to sex and sexuality intervention and/or treatment as reflected in the personal statement
- A proposal for a program that will benefit an underserved community, including:
  - a) identification of the community to be served
  - b) a needs assessment
  - c) a description of services to be provided
  - d) an implementation plan
  - e) a quality assurance plan
  - f) resources supporting the information in the proposal
- Program application
- Financial need — both absolute need and need relative to tuition costs
- Letters of recommendation

Scholarship awards will be given to those demonstrating the highest levels of commitment to the profession as communicated in the personal statement, how the training will be utilized to benefit the applicant's community as identified in the proposal, strong letters of recommendation, and financial need.

### The Award Process

1. The Selection Committee will meet as needed.
2. If a recipient is unable to attend the STTI Program within three months of notification of the award, does not begin making payments within one month, or fails to submit a written acceptance within the stated period after being notified of award, the scholarship will be withdrawn. The recipient will be able to reapply in six months.

### Award recipients are required:

1. To provide written acceptance of the award
2. To begin payments of recipient's share of the tuition.
3. To notify STTI of any change in address and/or employment.

### Submission Requirements

Applications may be submitted at any time.

All application information should be sent as one package via email (as attachments, Dropbox, etc.) to [CarolClarkPhD@gmail.com](mailto:CarolClarkPhD@gmail.com).

Incomplete applications will not be reviewed by the Committee. After you have verified that the submission is complete, please wait for the announcement of scholarship recipients.

### Application Process Checklist

Please make sure all application documents are arranged in order as noted in the checklist, below.

- Signed acknowledgment of Scholarship Program Overview
- Personal statement
- Proposal
- Completed STTI Financial Aid application
- Two letters of recommendation
- Copy of Federal Tax Return from previous tax year or other governmental confirmation of income from country of residence.

*The STTI Certification Program [Application](#) should be completed immediately after the above information has been sent.*

### Acknowledgment

I have thoroughly read and understand the Scholarship Program Overview. I certify that to the best of my ability, knowledge, and belief this Scholarship application package is true and all representations herein are accurate statements of fact(s).

I also give my permission for STTI to reprint my personal statement on their websites and other electronic media if I am selected for a Scholarship Award. I understand I will retain full rights to my work and changes will not be made without my permission. I acknowledge I will not receive payment or royalties for this work.

Applicant Name (Printed)

Date

Applicant Signature

### **Award Information Please indicate how you learned about this program (check one):**

- STTI Promotion
- STTI Website
- Current or past STTI Student
- Other (please explain):



Financial Aid Form

Application Instructions:

- 1. The following documents must be submitted with this application to verify financial need:
a. Most recent Income Tax Return or comparable.
b. Income documentation: current pay stubs (for the last month), state subsidies (SSI, AFCD, CDFD, etc.), or other sources of income (unemployment, family assistance, etc.)
c. 501(c)(3) Letter of Determination (if applicable)
2. Incomplete applications will not be processed.
3. Allow for at least 2 weeks for application processing.
4. All financial information will be kept confidential

Applicant Information

Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_
Street Address: \_\_\_\_\_
City, State, Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
Marital Status: [ ] Married/Remarried [ ] Single [ ] Widowed [ ] Separated/Divorced
Have you ever been convicted of a felony or crime involving drugs/alcohol? [ ] Yes [ ] No

Employment Information

Employer: \_\_\_\_\_
Address: \_\_\_\_\_ City, Country, \_\_\_\_\_ Zip Code: \_\_\_\_\_
Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_
Status: [ ] Full Time [ ] Part Time [ ] PRN Company Status: [ ] For Profit [ ] Not For Profit

Household Information

# of Adults in Household: \_\_\_\_\_ # of Dependents: \_\_\_\_\_
Housing: [ ] Own [ ] Rent/Lease [ ] Other, please explain: \_\_\_\_\_
Source of Income: \_\_\_\_\_

## Income & Other Assets

\$ \_\_\_\_\_ Monthly Income

\$ \_\_\_\_\_ Partner's Monthly Income (If applicable)

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ Cash Earnings (not listed on taxes or W-2 forms)

\$ \_\_\_\_\_ Other income not reported (worker's comp, disability, etc.)

\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL MONTHLY INCOME**

## Monthly Expenses

\$ \_\_\_\_\_ Rent or Mortgage

\$ \_\_\_\_\_ Utilities (gas, water, electricity, internet, television, phone, etc.)

\$ \_\_\_\_\_ Car (if more than one car payment, add totals together)

\$ \_\_\_\_\_ Loans (other than mortgage), describe: \_\_\_\_\_

\$ \_\_\_\_\_ Credit Card, describe: (what kind, how many, etc.)

\$ \_\_\_\_\_ Groceries: \_\_\_\_\_

\$ \_\_\_\_\_ Other: \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL MONTHLY EXPENSES**

## Other Information

Is there any additional information that you would like us to know about your current financial situation? (text field will expand as needed)

## Application Checklist

Please make sure all application documents are arranged in order as noted in the checklist, below.

- Signed acknowledgement of Scholarship Program Overview
- Personal statement
- Completed IICS Financial Aid application
- Two letters of recommendation
- Optional notarized statement of financial independence
- Copy of Federal Tax Return from previous tax year or comparable
- Copy of 501(c)(3) determination letter (if applying for Service Scholarship)

*IITAP Training Application should be completed immediately after the above information has been sent.*

## Acknowledgement

I verify that all information submitted is correct, complete, and accurate. If I submit false or inaccurate information, I understand I will be terminated for the training and responsible for any scholarship fee's awarded and/or due.

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Signature

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Date

Mail to: STTI  
11615 W Biscayne Canal Rd  
Miami FL 33161 USA

Fax to: +1-815-346-3476