**ACEs TRAINING OF TRAINERS SCHOLARSHIP APPLICATION FORM**

Thank you for your interest in joining the Certified ACEs Training of Trainers. Our planning team is delighted to be able to offer a number of scholarships so that individuals from around the state who may have challenges with covering the cost of the training will be able to:

1) be trained and certified through the AZ ACEs Consortium;

2) raise awareness and understanding of the impacts of ACEs and Toxic Stress on individuals and communities throughout Arizona; and

3) promote trauma-informed practices that build resilience.

Our scholarship application team will evaluate applications based on the following criteria:

* Applicant’s experience with work related to ACEs and/or Trauma-Informed care
* Applicant’s demonstrated commitment to the work of ACEs and/or Trauma-Informed Care
* How strongly the applicant demonstrates their understanding of and capacity to use this training opportunity to be able to share the information for the benefit of their local area
* Equitable representation across the state of Arizona

Please complete the form, answering all questions below.

**NOTE:**

* **ALL applications are due to** [**training@azaces.org**](mailto:training@azaces.org) **10 days before training session begins for review by our team.** All applications that are submitted by in time will be reviewed, and applicants will be informed of results within 5 days of the start of the training session.
* If a scholarship is offered, the applicant will have 48 hours to confirm acceptance and participation.
* All training participants **must attend all five training dates**, as they will be receiving a spot available only to a select number of people.
* If the applicant does not initially receive a scholarship, they may be offered an opportunity at a later time.
* **We may accept additional applications after the due date, to meet the needs of the ACEs Consortium, but if you want to guarantee that your application is reviewed, send to** [**training@azaces.org**](mailto:training@azaces.org) **10 days before training starts.**

**Name:**

**Date of application:**

**Address:**

**Phone contact:**

**Regions/ areas in which you work:**

**Employer:**

**Job title:**

*Please limit your responses to each question to a short paragraph.*

1. **Describe your experience/work related to ACEs/ Trauma-informed care.**

1. **What is your commitment to ACEs/ Trauma-informed Care in your work and life? Please describe how you may have already shown a level of commitment to and interest in advancing knowledge and change related to these topics?**

1. **What interests you in the ACEs training and in applying for the scholarship? Please describe your need for the scholarship.**

1. **How do you anticipate using the training to benefit your community or local area? Please speak to where you would plan to train, which organizations or groups you would plan to train, and any contacts you have that would facilitate you training a number of people in your area.**