**Hand Therapy Association of California**

 **(WWW.HTA-CA.ORG)**

**Volunteer Grant Application form**

**GUIDELINES:**

1)  The applicant must bea **C**ertified **H**and **T**herapist and an Association member for at least 1 year prior to receiving the grant.

2) Preference given to those with volunteer experience in one of the committees of the association.

3)  The applicant must be an actively practicing hand therapist and show verification of employment.

4)  The applicant will need to be in a position to travel during the year the grant is allotted.

5)  The applicant will be responsible to prepare a clinical article to submit to HTA-CA and/or a presentation within six months of your experience.

6)  Please submit copies of all expenses for reimbursement.  Expenses will be reimbursed up to $2000 as decided by the review committee.  Reimbursed expenses shall include: transportation, accommodations. 50% of the allotted grant will be paid before the trip and 50% after the trip on submission of receipts and presentation to the association. Presentation to be made at the Hand Therapy Week.

7)  HTA-CA does not assume liability or financial responsibility for any medical expenses related to illness or injury or loss of personal items during your travels.

8) Application will be reviewed by the HTA-Ca board and Committee members. Members receiving the grant will be informed via email.

9) Grant can be given to previous recipients once every 3 years.

GRANT APPLICATION

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Points earned |  |
|  |  |  |  |
| Name |  |  |  |
| Date Submitted: |  |  |  |
| Volunteer Opportunity in: |  |  |  |
| Why you should be granted the money (100 word essay): |  |  |  |
| Sponsoring agency such as Interplast, HVO |  |  |  |
| Sponsoring agency's contribution |  |  |  |
| Funds will be spent on: (supplies, travel expenses etc) |  |  |  |
| Reference: (Physician) Contact #/ Email: |  |  |  |
| Reference: (Therapist) Contact #/ Email: |  |  |  |
| Years as OT / PT/ CHT |  |  |  |
| Languages you speak |  |  |  |
| What is the purpose of your trip? (teach, formal seminar, mission/surgical trip) |  |  |  |
| What other volunteer positions have you held: |  |  |  |
| Have you volunteered for HTA-CA? |  |  |  |
| If yes, please provide with detail on what position held and for how long: |  |  |  |
| How will this volunteer opportunity help serve the HTA-CA goals? |  |  |  |
| Member of HTA-CA and for how long? |  |  |  |
| Contact email: |  |  |  |
| Contact phone: |  |  |  |
| Best time to call: |  |  |  |
| Additional Comments: |  |  |  |

Applicant’s signature Date