

Rainbow Advocate Program Scholarship Award

IITAP has chosen to make a new scholarship program available, the Rainbow Advocate Program Scholarship Award.

Rainbow Advocate Scholarship Award

The scholarship is meant to help provide service to the LGBTQIA2+ communities by providing funding for the IITAP RAE and RACS training modules.

Eligible applicants are licensed mental health professionals (i.e., LMFT, LPC, LCSW, LMHC) or interns in the process of pursuing licensure. Scholarship candidates must acknowledge a financial need and be able to identify how they will utilize the training to the betterment of the LGBTQIA2+ community.

IITAP will award a scholarship to cover registration costs for both modules to the award recipient(s). All recipients are responsible for any remaining costs, as well as any travel expenses (for in-person training), or equipment for online training.

Note: Prior winners of any IITAP-administered scholarship program are not eligible.

Application Requirements

1. A personal and background statement written by the applicant (no longer than two pages) describing how completing the IITAP Rainbow Advocate Program training will be applied to career goals and why providing affirming treatment is an integral part of their career path.
2. Two professional letters of recommendation in support of the applicant's application and career goals.
3. Acknowledgement of financial need (see below)
4. Sign acknowledgment of the application criteria and requirements (last page of this document).

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

Selection Criteria

A Selection Committee of three to four people, appointed by IITAP, will review applications and determine award winners. Applications will be judged using the following criteria, listed in order of importance:

1. Commitment to working with the LGBTQIA2+ population, as reflected in the personal statement
2. Letters of recommendation
3. Professional presentation

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 community, strong letters of recommendation, and financial need.

The Award Process

1. The Selection Committee will meet once per year.
2. Alternate candidates are chosen in the event those selected for the scholarship are unable to attend the IITAP training in one of the next two training series, or if a student recipient fails to submit a written acceptance within the stated period after being notified of award.
3. IITAP will announce the names of award recipients as they are notified and accepted.

Award recipients are required:

1. To provide written acceptance of the award.
2. To identify which of the upcoming RAE and RACS Module 1 training events they will attend.
3. To notify IITAP of any change in address and/or employment.

Submission Requirements

The deadline for this scholarship is Oct. 31, 2025.

All application information should be sent as one package via email (as attachments, Dropbox, etc.) to info@iitap.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:

1. Signed acknowledgement of Scholarship Program Overview
2. Personal statement
3. Completed IITAP Financial Aid application
4. Two letters of recommendation

Acknowledgment

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

I also give my permission for IITAP to reprint my personal statement on their websites and other electronic media if I am selected as a winner of one of the Scholarship Awards. 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 _____

I acknowledge I am requesting financial support for attending Rainbow Advocate training:

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

IITAP Promotion IITAP Website Current IITAP Member

Other (please explain): _____