



Treatment Communities of America

**Treatment Communities of America  
Richard Pruss Professional Development Scholarship  
2021 Nomination Form**

**\*This form should be filled out and submitted by the person who is doing the nominating;  
No self-nominations are accepted.**

**Nominated By** \_\_\_\_\_

**TCA Member Agency** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

**\*I have reviewed this person's professional development plan and attached it**

**Nominee Name** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Nominee's email:** \_\_\_\_\_

**# Years of Service in the Field:** \_\_\_\_\_

**Please complete and submit this form. Using the criteria assessment (in the Nomination Letter), please communicate why you feel the nominee should be selected as a Richard Pruss Professional Development Scholarship recipient.**

**Be sure to note how the nominee meets the criteria outlined in the Scholarship announcement letter (see numbered list and scoring categories). Please attach the nominee's Individual Professional Development Plan (IPDP), Nomination Form and Nominee Evaluation Form. Please send all items in your Nomination Packet together.**

**Nominations should be submitted via email to: [pat@treatmentcommunities.com](mailto:pat@treatmentcommunities.com) by 7/16/21**