**Virginia Department of Criminal Justice Services**

**2018 INTERSECTIONS OF VIOLENCE CONFERENCE**

**June 11-13, 2018 • Renaissance Portsmouth-Norfolk Waterfront Hotel**• **Portsmouth, VA**

### SCHOLARSHIP APPLICATION

###  Eligibility (Law Enforcement, Department of Social Services or Child Advocacy Agencies)

### Thank you for your interest in attending the 2018 Intersections of Violence Conference. Please fill out the following form for consideration of a scholarship for the upcoming conference. Scholarships are limited and not all applicants will be able to receive one. Due to the limited number of scholarships there will be only one scholarship awarded per organization

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| SECTION A: Applicant Information*This section will provide additional information about you, the applicant.* |
| 1. Name of Applicant: |       |
| 2. Applicant’s Position:  |       |
| 3. Applicant’s Organization: |       |
| 4. Street Address:  |       |
|  City: |       |  State: |       |  Zip Code: |       |
| 5. Phone:  |       |  Fax: |       |
|  Email: |       |
| 6. Type of Organization: |  |
| [ ]  | Law Enforcement |
| [ ]  | Department of Social Services |
| [ ]  | Child Advocacy Agency  |
|  **Estimated Distance from Portsmouth Renaissance Hotel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Special Dietary Needs**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION B: Assistance Requested** *(check all that apply)* |
| [ ]  | Registration Fee (*please register yourself and choose “pay by check” but do not submit payment until we have chosen scholarship recipients*) |
| Please indicate which sessions you will attend: |
| [ ]  | Lodging June 10, 2018 | [ ]  | Lodging June 12, 2018 |
| [ ]  | Lodging June 11, 2018 |

**SECTION C: Supervisor/Agency Head Attestation**

*This section ensures that your supervisor or organization head supports your attendance at the training event.*

I agree to support the attendance of my employee to attend this training. I acknowledge that should a scholarship be awarded, the employee will be permitted to attend.

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Signature of Supervisor Date

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Printed Name of Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency or Organization

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Email Address

Please return the completed form and a **paragraph or two in your e-mail** demonstrating your need for assistance by **April 13, 2018** to Courtney Meyer: courtney.meyer@dcjs.virginia.gov • Phone: (804) 786-0036 • Fax: (804) 786-3414