**Virginia Department of Criminal Justice Services**

**Strengthening Connections: Challenging Conversations to Enhance School Climate**

## November 29-30, 2016

## DoubleTree by Hilton Hotel Richmond - Midlothian

### REGISTRATION SCHOLARSHIP APPLICATION

Thank you for your interest in attending the ***Strengthening Connections: Challenging Conversations to Enhance School Climate*** summit. Please fill out the following form for consideration of a registration scholarship. *If applying for a scholarship, please do not register yourself for the summit. DCJS will register you and waive the registration fee if the application is approved, and will notify you in the event it is not approved.*

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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: | | |  | | | | | | |  |  | | | |
| Email: | | |  | | | | | | | | | | | |
| 6. Type of Organization: | | | | | | | |  | | | | | | |
|  | School or Campus Law Enforcement | | | | | | |  | School or Campus/School Security Department | | | | | |
|  | Municipal Law Enforcement | | | | | | |  | School Division or College/University Administrator | | | | | |
|  | Mental Health Professional | | | | | | |  | School or Campus Administrator | | | | | |
|  | Other (Please Insert Type): | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
| Please list any special dietary or ADA requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

**SECTION B: 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

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Phone Number Email Address

Please return the completed form by **November 11, 2016** to Kristina Fawcett:

Email: [kristina.fawcett@dcjs.virginia.gov](mailto:kristina.fawcett@dcjs.virginia.gov) • Phone: (804) 225-3948 • Fax: (804) 786-0410