**Virginia Department of Criminal Justice Services**

**2017 CAMPUS SAFETY AND VIOLENCE PREVENTION FORUM**

**March 6–9, 2017 • Renaissance Portsmouth-Norfolk Hotel** • **Portsmouth, Virginia**

### SCHOLARSHIP APPLICATION

### Thank you for your interest in attending the 2017 Campus Safety and Violence Prevention Forum. Please fill out the following form for consideration of a scholarship for the upcoming conference. Scholarships are limited to two (2) members per Virginia agency.

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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: | | | | | | | | | | |  | | | | | | | | | | |
|  | | Campus Law Enforcement | | | | | | | | |  | | Campus Security Department | | | | | | | | |
|  | | Municipal Law Enforcement | | | | | | | | |  | | Victim Advocate | | | | | | | | |
|  | | Mental Health | | | | | | | | |  | | Prosecutor | | | | | | | | |
|  | | Other (Please Insert Type): | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **SECTION B: Assistance Requested** *(check all that apply)* | | | | | | | | | | | | | | | | | | | | | |
|  | Registration Fee (*please do not register yourself – DCJS will register you and waive your fee*) | | | | | | | | | | | | | | | | | | | | |
| Please indicate which sessions you will attend: | | | | | | | | | | | | | | | | | | | | | |
|  | Pre-Conference on March 6, 2017 | | | | | | | |  | Main Conference on March 7-8, 2017 | | | | | | | |  | Post-Conference on March 9, 2017 | | |
|  | Lodging March 5, 2017 (if attending pre-conference) | | | | | | | | | | |  | | | Lodging March 7, 2017 | | | | | | |
|  | Lodging March 6, 2017 | | | | | | | | | | |  | | | Lodging March 8, 2017 (only if attending post-conference) | | | | | | |

**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. Registrants who fail to attend and do not provide notice of cancellation by February 20, 2017 will be assessed $100 for the participant cost for this training. Substitutions will be permitted without penalty.

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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 to Marc Dawkins:

Email: [marc.dawkins@dcjs.virginia.gov](mailto:marc.dawkins@dcjs.virginia.gov) • Phone: (804) 225-3431 • Fax: (804) 786-0410