**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

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

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 • Phone: (804) 225-3431 • Fax: (804) 786-0410