**Virginia Department of Criminal Justice Services**

**2019 National Threat Assessment Conference for Educational Institutions**

**November 4-6, 2019 • Richmond Marriott Downtown** • **Richmond, Virginia**

### LODGING SCHOLARSHIP APPLICATION

### Thank you for your interest in attending the 2019 National Threat Assessment Conference for Educational Institutions. Please complete this form to apply for a lodging scholarship. Please note that scholarships are available for Virginia applicants only.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |  | | School or Campus/School Security Department | | | | | | |
|  | | Municipal Law Enforcement | | | | | | |  | | School Division or College/University Administrator | | | | | | |
|  | | Mental Health | | | | | | |  | | School or Campus Administrator | | | | | | |
|  | | Other (Please Insert Type): | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **SECTION B: Assistance Requested** *(check all that apply)* | | | | | | | | | | | | | | | | | |
|  | Lodging November 3, 2019 | | | | | | | | |  | | | Lodging November 5, 2019 | | | | |
|  | Lodging November 4, 2019 | | | | | | | | |  | | |  | | | | |

**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

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

Printed Name of Supervisor

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

Title of Supervisor

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

Name of Agency or Organization

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Phone Number Email Address

**APPLICATION DEADLINE IS FRIDAY, SEPTEMBER 20, 2019.**

**APPLICANTS WILL BE NOTIFIED OF APPROVAL STATUS BY SEPTEMBER 30, 2019.**

Please return the completed form to: Kristina Fawcett

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