**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.

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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 | [ ]  | 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

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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 • Phone: (804) 225-3948 • Fax: (804) 786-0410