**Virginia Department of Criminal Justice Services**

**2019 School Safety Training Forum**

**July 30-August 1, 2019 • Hampton Convention Center** • **Hampton, Virginia**

### REGISTRATION WAIVER SCHOLARSHIP APPLICATION

Thank you for your interest in attending the **2019 School Safety Training Forum**. Please complete this form to apply for the **registration fee to be waived**.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SECTION A: Applicant Information | | | | | | | | | | | | | |
| 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): | | | | | |  |  | | | | | |
|  | | | | | | | | | | | | | |

**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

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Title of Supervisor

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Name of Agency or Organization

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Phone Number Email Address

**APPLICATION DEADLINE: FRIDAY, JULY 12, 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