**Virginia Department of Criminal Justice Services**

|  |
| --- |
| **2019 Conference on Violent Crime** |

### SCHOLARSHIP APPLICATION

### Please fill out the following form for consideration of a scholarship. Scholarships are limited to two (2) members per agency.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | | | | | | |  | | | | | | |
|  | Law Enforcement | | | | | | |  |  | | | | | |
|  | Corrections | | | | | | |  |  | | | | | |
|  | Prosecutor | | | | | | |  |  | | | | | |
|  | Other (Please Insert Type): | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **SECTION B: Assistance Requested** | | | | | | | | | | | | | | |
|  | Lodging June 3, 2019 | | | | | | |  | Lodging June 4, 2019 | | | | | |
|  | Lodging June 5, 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.

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

Signature of Supervisor Date

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

Printed Name of Supervisor

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

Title of Supervisor

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

Name of Agency or Organization

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

Phone Number Email Address

Please return the completed form by **May 10, 2019** to Tracy Matthews:

Email: tracy.matthews@dcjs.virginia.gov

• Phone: (804) 371-0635 • Fax: (804) 786-0410

If your application is approved reservations will be made on your behalf. Please do not contact the hotel directly.