**Virginia Department of Criminal Justice Services**

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| **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.

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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: |  |
| [ ]  | 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.

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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.