**Virginia Department of Criminal Justice Services**

**2020 Virginia School Safety Training Forum**

**July 27-30, 2020 • Hampton Convention Center** • **Hampton, Virginia**

### SCHOLARSHIP APPLICATION

NOTE: In order to accommodate as many agencies as possible, the number of scholarships granted to a single organization will be limited. *Whenever feasible, double occupancy is encouraged*.

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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): | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
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| **SECTION B: Assistance Requested** *(check all that apply)* | | | | | | | | | | | | | | | | | | | |
|  | Registration Fee (waive $125 registration fee) – *please do not register yourself if you are requesting a registration scholarship. You will be registered by DCJS if your request is approved.* | | | | | | | | | | | | | | | | | | |
| Will you be attending the Pre-Conference Training on July 27?  YES (indicate session(s) below NO | | | | | | | | | | | | | | | | | | | |
| **Full Day Session**  Applied Threat Assessment (8:30 am-4:30 pm)  **Half-Day Sessions**  Morning: High in Plain Sight (8:30 am-12:00 pm) Afternoon:  Information Sharing (1:00 pm-4:30 pm) | | | | | | | | | | | | | | | | | | | |
| **Please list Dietary Restrictions and/or ADA requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | |
| Lodging – *DCJS will make reservations on your behalf if your request is approved. Please do not contact the hotel directly to make a reservation. Indicate below which dates you will require lodging:* | | | | | | | | | | | | | | | | | | | |
|  | Lodging July 26, 2020  (Sunday evening – if attending Pre-Conference) | | | | | |  | Lodging July 27, 2020  (Monday evening) | | | | |  | | Lodging July 28, 2020 (Tuesday evening) | |  | Lodging July 29, 2020  (Wednesday evening) | |

In an effort to serve as many people as possible, double occupancy is encouraged for agencies requesting multiple lodging scholarships when feasible. Please let us know if there are extenuating circumstances that would prevent this.

Please indicate the name of a colleague you would be willing to share a room with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Incidental charges will not be covered by this scholarship. You will need to present a credit card to check-in at the hotel to cover any incidental charges.

**Cancellation Policy**

You have until 3:00 p.m. on Friday, July 24, 2020 to cancel the reservation by calling Kristina Fawcett at 804.225.3948 or emailing kristina.fawcett@dcjs.virginia.gov. After that date, you must contact the hotel directly within 24 hours of scheduled arrival. **If you do not cancel and do not use the reservation, you will be held responsible for the cost of lodging.** Your signature below confirms that you understand you will be held responsible for unused reservations that are not cancelled by the deadline.

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Signature of Attendee Date

**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 IS FRIDAY, MARCH 15, 2020.**

**APPLICANTS WILL BE NOTIFIED OF APPROVAL STATUS BY APRIL 30, 2020.**

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) 225-3853