**Virginia Department of Criminal Justice Services**

**Crisis Management Institute**

**July 21-22, 2020 • Abingdon, Virginia • July 23-24, 2020** • **Lynchburg, 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): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **SECTION B: Assistance Requested** *(check all that apply)*  **Registration fee waiver** - *please do not register yourself if you are requesting a registration scholarship. You will be registered by DCJS if your request is approved:* | | | | | | | | | | | | | | |
| Abingdon, Virginia - Please register me for the following day(s):  July 21 only  July 22 only  July 21-22  Lynchburg, Virginia - Please register me for the following day(s):  July 23 only  July 24 only  July 23-24 | | | | | | | | | | | | | | |
| **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:* | | | | | | | | | | | | | | |
| Abingdon: | | | | Lodging July 20, 2020 (Monday evening in Abingdon)  Lodging July 21, 2020 (Tuesday evening in Abingdon) | | | | | | | | | | |
| Lynchburg: | | | | Lodging July 22, 2020 (Wednesday evening in Lynchburg)  Lodging July 23, 2020 (Thursday evening in Lynchburg) | | | | | | | | | | |

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 17, 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 APRIL 30, 2020.**

**APPLICANTS WILL BE NOTIFIED OF APPROVAL STATUS BY MAY 15, 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