**Virginia Department of Criminal Justice Services**

**2016 School and Campus Safety Training Forum**

**August 1-3, 2016 • Hampton Convention Center** • **Hampton, Virginia**

### REGISTRATION SCHOLARSHIP APPLICATION

Thank you for your interest in attending the **2016 School and Campus Safety Training Forum**. Please complete this form to apply for a registration scholarship. *Please do not register yourself if you are requesting a registration scholarship. You will be registered by DCJS if your request is approved.*

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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:  |       |  Fax: |       |
|  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: 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 |
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Please return the completed form to Kristina Fawcett:

Email: kristina.fawcett@dcjs.virginia.gov • Phone: (804) 225-3948 • Fax: (804) 786-0410