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