**Virginia Department of Criminal Justice Services**

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| Name of Training/Conference: | **School Resource Officer, School Security Officer, & School Administrator Training: Building a Team to Support Students and Ensure School Safety** |
| **DATE:** |

### 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: |  |
| [ ]  | Campus Law Enforcement | [ ]  | Campus Security Department |
| [ ]  | Municipal Law Enforcement | [ ]  | Victim Advocate |
| [ ]  | Mental Health  | [ ]  | Prosecutor |
| [ ]  | Other (Please Insert Type): |       |
|  |
|  |
| **SECTION B: Assistance Requested** |
| [ ]  | Lodging Fee |  |  |

**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 to Kristina Fawcett:

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