**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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | |  |  |
| 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