

VACP PROGRAM SCHOLARSHIP APPLICATION

To increase the learning opportunities for Virginia's law-enforcement officers, when funding is available, the Virginia Association of Chiefs of Police provides partial needs-based program scholarships. These scholarships may cover up to 75% of the program fee and lodging, and are available to law enforcement agencies located in the Commonwealth of Virginia who have limited financial resources. This is generally most applicable to small agencies (35 or less sworn force). Federal officers, civilian personnel working in law-enforcement agencies, and sworn officers employed by agencies located outside of the Commonwealth of Virginia are not eligible.

To apply for a needs-based discount, the application below must be fully completed and signed by the program attendee <u>and</u> the chief/sheriff, or the city/town manager if the chief/sheriff is the program attendee.

First Line Supervisors Training School The Program fee is \$850 and includes lodging. Name (Last, First MI):_____ Rank/Title:____ Mailing Address:_____ Cell:____ City, State Zip:_____ E-Mail: Limited scholarship funds are available. I understand that if a scholarship is awarded, I am required to successfully complete this program and abide by all program guidelines and that failure to do so will result in the agency being required to pay the full amount of the registration fee and lodging (if applicable). Signature: Date: FINANCIAL NEED List the total number of full-time sworn officers in your agency List the total number of part-time sworn officers in your agency \$_____ Total amount approved for training as listed in the current fiscal year budget? \$ If the above amount includes the annual fee due to your regional academy, list that amount here. \$ List scholarship assistance requested? **EXECUTIVE ENDORSEMENT** (chief/sheriff or city/town manager) Limited scholarship funds are available. If a scholarship is awarded, the attendee is required to successfully complete the program and abide by all program guidelines. Failure to do so will result in the agency being required to pay the full amount of the registration fee & lodging (if applicable). I certify that the information provided is true and correct to the best of my knowledge, and accept the conditions as outlined above for receiving a VACP Program Scholarship. Signature: Date: Email Address: Phone:

Email completed form to stephanie@vachiefs.org