

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. If funding is available, these scholarships may cover up to 100% 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 and the chief/sheriff, or the city/town manager if the chief/sheriff is the program attendee.

Institute for Leadership in Changing Times (ILCT)

i ne program fee is \$2,600 with lodging.	
Name (Last, First MI):	Rank/Title:
Agency:	Phone:
Mailing Address:	
City, State Zip:	
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	
What is the total number of full-time sworn officers in your agency?	
What is the total number of part-time sworn officers in your agency	
What is the total amount approved for training as listed in the current fi	, <u> </u>
If the above amount includes the annual fee due to your regional academy, list that amount here.	
Amount of 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:
Full Name:	Title:
Email Address:	Phone:

Email completed form to stephanie@vachiefs.org or Fax to (804) 285-3363