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Scholarship Applying for: \_\_\_\_\_ Summit Scholarship \_\_\_\_\_ Clackamas MDT Scholarship \_\_\_\_\_ Both

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Time in Current Position: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you worked in the field of Child Abuse/Family Violence? \_\_\_\_\_

How long do you anticipate working in these areas? \_\_\_\_\_

Have you attended this training before? (If yes, when) \_\_\_\_\_

List other conferences or trainings specific to child abuse/family violence you have attended in the last three years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly, describe how you would share the conference training with others in your agency and/or community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order to receive this scholarship, you must agree to the following:**

- Attend all sessions during the conference.
- For Summit Scholarship winners, write a thank you letter addressing the many businesses/agencies that have provided the money for your scholarship. The letter should include the sessions that you plan to attend and how this training will assist you in your job. The letter must be written and presented to the Registration Coordinator at Registration prior to receiving conference materials.
- Your agency is responsible to ensure that you are able to attend the 2012 Child Abuse and Family Violence Summit once your registration has been completed. If you are unable to attend after being awarded a Summit or Clackamas MDT Scholarship, due to an emergency, a written letter must be submitted to the Scholarship Committee within two weeks of the conference. Otherwise, your agency will be held financially responsible for reimbursing the Clackamas County Sheriffs Office and/or Clackamas County MDT for the registration fee of \$375. Your scholarship will then be awarded to one of the Scholarship Committees alternate winners. Scholarships are awarded to individuals, not the agency, and are not transferable.

I have read the above and agree to meet the state terms.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Printed Name

**Send your completed application & registration form to:**

Julie L. Collinson, Clackamas County Sheriffs Office, 9101 SE Sunnybrook, Clackamas, OR 97015

**For Child Abuse Summit/Clackamas MDT Use Only:**

Date Received: \_\_\_\_\_

Approved By: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Declined By: \_\_\_\_\_ Reason Declined: \_\_\_\_\_

Notification of Approval/Rejection Sent By: \_\_\_\_\_