

# Scholarship Request Form

PRIORITY WILL BE GIVEN TO APPLICATIONS FOR CVSTI ENTRY LEVEL AND ADVANCED TRAINING  
TRAINING MUST BE COMPLETED BETWEEN JULY 1, 2009 AND JUNE 30, 2010

ALL SCHOLARSHIP APPLICATIONS ARE COMPETITIVE AND NOT ALL REQUESTS WILL BE APPROVED  
APPROVED SCHOLARSHIPS WILL BE REIMBURSED AFTER CLAIM RECEIVED, WITH DOCUMENTATION OF EXPENSE

Training Name: \_\_\_\_\_ Training Date(s): \_\_\_\_\_

If Scholarship Request is for Advanced Training, Date Entry Level Training Completed: \_\_\_\_\_

If other than CVSTI Entry Level or Advanced Trainings, submit training agenda. Out-of-State trainings will not be considered for scholarship.

Attendee Name: \_\_\_\_\_

Title: \_\_\_\_\_ Agency: \_\_\_\_\_ CCVAA REGION \_\_\_\_\_

Is this applicant REQUIRED to complete this training under PC Section 13835.10: Yes  No

Direct Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Assignment: \_\_\_\_\_ Years/Months in Assignment: \_\_\_\_\_

Justification for Scholarship: \_\_\_\_\_

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

If applying for training other than CVSTI Entry Level or Advanced Advocate Training, please explain how this training will enhance your services to crime victims.

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

Training Expenses to Be Covered by **Your Office**: Training Expenses Requested to be covered **by this Scholarship**:

Registration \$ \_\_\_\_\_ Registration \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_ Per diem \$ \_\_\_\_\_ Travel \$ \_\_\_\_\_ Per diem \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_ Total Your Office \$ \_\_\_\_\_ Lodging \$ \_\_\_\_\_ Total Requested \$ \_\_\_\_\_

**Has this Agency received a CVSTI scholarship before?** Yes  No

Coordinator/Director's Signature \_\_\_\_\_

Coordinator/Director's Name (Print) \_\_\_\_\_ Direct Phone: \_\_\_\_\_

ALL REQUESTS FOR SCHOLARSHIPS WILL BE SENT A CONFIRMATION RECEIPT. IF YOU DO NOT RECEIVE A  
CONFIRMATION RECEIPT, YOU SHOULD CONTACT CVSTI.

California Victims Services Training Institute  
1809 S St., Ste 101-305, Sacramento, CA 95811  
Telephone and FAX (916) 443-2167

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## —CVSTI Processing—

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

Approved: Amount: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date Approved/Not Approved: \_\_\_\_\_