Financial Assistance Request Form

Strength-Based Approaches to Supervising High Risk Populations

February 7-9, 2107 • Ft. Lauderdale, FL | March 7-9, 2017 • Tacoma, WA

Financial assistance will be awarded for fees directly associated with lodging (room rate only; meals and incidentals are on your own). Please select which dates/location you are requesting assistance for:

☐ February 7-9, 2017: Ft. Lauderdale, FL OR ☐ March 7-9, 2017: Tacoma, WA

Note: Approved applicants for lodging assistance will be placed on FVTC’s master bill with the Hotel. If you do not provide sufficient notice of cancellation, and lodging costs are incurred, your agency may be responsible for reimbursing FVTC (the BJA grant providing the assistance).

Reminder: We strongly encourage you not to book non-refundable travel until US Department of Justice approval is received for the event. FVTC will not be responsible for reimbursing any amount of travel in the event travel is booked without DOJ approval.

1. As a result of attendance at the Strength-Based Approaches to Supervising High Risk Populations Training, please explain the expected influence the training will have on the services you provide to Indian Country.

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2. Please explain your need for financial assistance.

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I understand that this is a grant funded program, and if awarded financial assistance, I am required to attend the full training.

(Initials)

I understand and agree that if I do not attend the training in its entirety, my employer will be required to reimburse the National Criminal Justice Training Center of Fox Valley Technical College for the actual cost of the financial assistance benefits granted to me.

(Initials)

Date: _________________ If awarded I, ___________________________, accept the benefits awarded to me for the purpose of attending the Strength-Based Approaches to Supervising High Risk Populations.

Authorizing Agency Representative Name & Title (print): ______________________________________________________

Authorizing Agency Representative Name (signature) ___________________________________________ Agency Name: _______________________________________

Agency Telephone: ______________________________ Authorizing Agency Representative Email: ______________________________

A limited number of financial assistance requests are awarded based on financial need and justification.

For financial assistance consideration, please fax this form to (920) 831-5400 – Attn: Julie Stoltenow or scan to stoltenj@fvtc.edu.

For questions, please contact us at (855) 866-2582