

Wisconsin State Victim Assistance Academy

Supervisor Support Form

Applicant's Name:	First Name	Last Name
	<input type="text"/>	<input type="text"/>

The above applicant has applied to the Wisconsin State Victim Assistance Academy being held on September 25-27, 2019 in Appleton, WI. As this individual's supervisor, I am providing the following information in support of their attendance.

Supervisor Information

Name:		
Title:	Email:	
Agency:	Phone:	
Address:		
City:	State:	Zip:

Additional Information

Please provide a brief explanation as to why you believe this person is a good fit for the Academy.
Please provide a brief explanation as to why you believe the Academy will have a positive effect on your organization.

Acknowledgement

By completing and signing this application, I verify that all information provided is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of my application. Also, in signing this application I verify my commitment to support the above named applicant to attend the full course.

Supervisor's Signature

Date

I understand that my electronic signature is the equivalent of my handwritten signature