

Please Print (You may attach another page if needed)

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) _____

Have you been a recipient of a Summit Scholarship 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 the conference.
- Your agency is responsible to ensure that you are able to attend the 2020 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 Sheriff's Office and/or Clackamas County MDT for the registration fee of \$550. 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 email your completed application by the due date to:
mthompson@clackamas.us**

Committee Use Only: Receipt Date _____ Approved Y N Notification Sent _____