



## 2011 AMBER Alert Training and Technical Assistance Program Airfare Scholarship Request Form

Name and date of course requesting scholarship for: \_\_\_\_\_

Have you previously attended an AMBER Alert training course through Fox Valley Technical College?

Yes  No

Please attach separate documentation demonstrating any of the following:

- Local or State Unit of Government is experiencing financial constraints prohibiting travel, lodging , ground transportation and/or per diem for meal expenses:  
(Please provide the basis for the hardship request, including citing any, legislative act, executive order or memorandum restricting or prohibiting any financial support)
- Provide special accommodations being requested
- Provide any compelling reasons for a hardship scholarship to be considered

I, \_\_\_\_\_ the undersigned, in accepting the referenced scholarship benefit(s) acknowledge my obligation of attending and providing factual information to support the need for scholarship assistance.

### Scholarship Agreement

\_\_\_\_\_  
(Initial) I understand the training being provided is funded by the Department of Justice, Office of Justice Programs and, if awarded the scholarship, I will attend all sessions of the referenced training.

\_\_\_\_\_  
(Initial) I understand and agree if I fail to attend all sessions of the referenced training in its entirety, the agency I represent will be required to reimburse the cost of the scholarship benefits.

\_\_\_\_\_  
(Initial) Reimbursement is required within 10 business days following the training. Failure to do so may result in disqualification from future scholarship opportunities and civil debt collection of the scholarship dollar amount.

Name of Attendee: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Attendee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising and/or authorizing authority attesting the facts of the scholarship request and approval of the requesting party to attend the referenced training:

Authorized Approving Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax or mail form to:      Fox Valley Technical College  
Attn: Lisa Schmid  
1825 N. Bluemound Dr.  
Appleton, WI 54912  
Fax: (920) 735: 4757