

SCHOLARSHIP APPLICATION

22nd Annual COVA Conference • November 7-10, 2010

Please use a separate form for each applicant (photocopy as needed)

PLEASE TYPE OR PRINT CLEARLY

Name _____ Title _____

Organization _____

Address _____ City _____ State _____ ZIP _____

Daytime Phone (_____) _____ Fax Number (_____) _____

E-mail Address _____ I am a Paid Employee Volunteer

For sworn law enforcement officers, please include your PID number _____

SPECIAL ASSISTANCE: Please indicate if you need assistance: _____

How many COVA Conferences have you attended? (circle) 0 1-5 6-10 11-15 16+ All 21!

BOOTH SPACE RESERVATIONS

- Reserve space on the information exchange tables (no fee)
- Reserve table for selling merchandise - Fee: 10% of gross profits and sign contract

SCHOLARSHIP DETAILS:

1. Please explain (briefly) why you are requesting a scholarship to the COVA Conference, and how this Conference will benefit you and your agency (attach additional page, if necessary).

2.a. From what funding sources have you requested funding? List agency and results:

b. Have you applied for funds from your local VALE Board in your Judicial District? Yes No
If yes: Request Denied No Funds Available
 Award to be decided on _____ (date). Received Award for \$ _____

3. Is your agency/organization willing to provide any monies? Yes - How much? \$ _____ No
Funds will be used for: Lodging Per Diem Mileage Other _____
Use of agency/organization vehicle? Yes No

4. I am applying for: Registration Fee Waiver (Mon-Wed Conference) and/or
 Skill-Building Registration Waiver (Sunday):

Which course? _____

5. I am eligible for : P.O.S.T. Scholarship for sworn officers
 African American Scholarship

I agree that, if awarded a scholarship I am committed to attending at least 85% of the sessions and will complete evaluation forms.

Please sign & date: _____

Return by September 10, 2010 to:

COVA • 2460 W. 26th Avenue, Ste. 255-C • Denver, CO 80211
303-861-1160 or 1-800/261-2682 • FAX 303-861-1265