

Colorado Victim Assistance Academy (CVAA)

Student Application



Thank you for your interest in attending the Colorado Victim Assistance Academy (CVAA). Please complete the entire application, including required attachments, and return to COVA with \$100 deposit either by fax at 303-861-1265, or postal mail by **March 31, 2011**. You will be notified of your acceptance soon after. Upon acceptance, the balance of the registration fee must be received by **June 1, 2011**.

1. About You:

Name: _____ Title: _____

Organization: _____

Address: _____ City, State, Zip: _____

Phone number: _____ Fax number: _____

E-mail address: _____

List any special accommodations you may need. (Please be specific.) _____

I am (check): a paid employee a volunteer | Type of Agency: Law Enforcement Courts/DA Community

Supervisor Name: _____ Supervisor Phone: _____

Number of months/years at current organization: _____ Months/years in victim services: _____

Education: Degree(s), Major(s), and Institution(s): _____

2. Time Commitment: The CVAA requires approximately 20-40 hours of on-line self-study work to be completed prior to the academy. The academy itself is approximately 40 hours of classroom instruction. Both the on-line self-study work and the classroom instruction portions must be successfully completed to graduate from the Academy. The answers to the self-study quizzes and assignments must be the participant's own work, and not copied from others.

3. Registration Fee: The CVAA registration fee of \$350 (\$250 plus \$100 deposit submitted with application) must be paid in full by **June 1, 2011**. Payment may be made by check, purchase order, Master Card, or VISA.

4. Scholarships: COVA has a limited number of \$100 scholarships available to help defray tuition costs. Please indicate below if you are interested in receiving a scholarship:

Yes, I would like a partial scholarship; Amount requested: \$ _____ (**not to exceed \$100**)

Please describe why you are requesting a partial scholarship: _____

No, I do not need a partial scholarship.

5. Evaluation: If accepted, you will be required to complete daily evaluations, an overall evaluation at the end of the week, and follow-up evaluations several months after the Academy.

6. Continuing Education Units: CEU's will be offered through Metropolitan State College. The cost is expected to be \$15 for eight CEU's. However, this cost is determined by Metropolitan State College and is subject to change. Those interested in receiving CEU's will be able to sign up for them during the Academy. Payment in the form of cash or check will be expected at that time.

7. Photo Roster: Academy participants will receive a roster with contact information for each of their fellow attendees. This is done to further the goal of helping victim services professionals to network with other professionals. After you have been accepted to the Academy, you will be required to submit a digital portrait photo of yourself to be included in the photo roster.

7. REQUIRED ATTACHMENTS Attach the following to this application:

- Essay:** A 1-page (double spaced) essay stating why you want to attend CVAA and how your participation will be of benefit to you (professionally and personally), your organization, and your community. Please include any additional information you believe is important for the applicant selection committee to consider.
- Victim Interaction Statement:** A requirement for attending the Academy is that your job duties involve direct contact with crime victims. In approximately one paragraph, please describe the nature of your contact with crime victims through your employment or volunteer duties.
- Letter of Support:** A letter from your supervisor verifying that you have completed basic agency training.
- List of Trainings:** List all trainings you have attended in the last two years.

Your application, along with the \$100 deposit and all supporting documents, must be received by COVA by **March 31, 2011.**

9. Student/Supervisor Agreement: A copy of your graduation certificate will be sent to your supervisor. If you do not complete all Academy requirements, your supervisor will be notified that you will not receive a graduation certificate.

Applicant Initials: _____ Supervisor Signature: _____

10. Sign Your Application: By signing below, you certify that all information contained in this application packet is accurate, that you agree to meet all the requirements and conditions listed in this application, and that you agree to abide by any additional rules of conduct that may be imposed by COVA as needed to successfully host the Academy. Failure to comply with any of the stated Academy requirements or additional rules of conduct may result in disqualification from the Academy and/or denial of Certificate of Training without refund.

Applicant Signature _____
Date

Method of Payment (circle one): Master Card, VISA, Check, Money Order, P.O. # _____

To pay by Credit Card:

Card # _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Payment is for: \$100 Deposit \$250 (pending scholarship approval) Full Amount (\$350)

***Refund Policy:** A written request *MUST* be received prior to June 24, 2011, in order to receive a refund (less a \$50 handling fee). After June 24, 2011, refunds will not be available.

~~~~~ Office Use Only ~~~~~  
 Complete  Deposit Received  Payment Balance Received  *Approved*  *Declined*

Comments: \_\_\_\_\_