



# He Said/She Said: Consent and Beyond

## Scholarship Application

August 10 & 11, 2010 Bridgeport Conference Center, Bridgeport, WV

Who should attend? This training is geared toward first responders of sexual violence. Preference will be given to active SART members, investigating law enforcement officers, rape crisis center advocates, college campus security & sexual violence prevention staff, and prosecutors.

Scholarships will include the cost for registration fees, including lunch, and lodging accommodations depending on your needs and travel distance. If you are interested in applying for a scholarship, please complete the form below and return it, along with your registration form, no later than July 16, 2010 to:

West Virginia Foundation for Rape Information and Services  
112 Braddock Street Fairmont, WV 26554  
OR  
Fax: (304) 368-0025

If you are awarded a scholarship and are subsequently unable to attend this training, you or your agency may be responsible for some or all charges incurred if reservations are NOT cancelled 15 days prior to the event.

Applicant's signature, along with a supervisor's signature is required before your application can be processed.

### Applicant Contact Info:

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Title/Role within Organization: \_\_\_\_\_  
Agency Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Active SART member? If yes, indicate county \_\_\_\_\_

I would like to apply for the following scholarships:

#### Registration (check one)

- August 10<sup>th</sup> Only- \$25
- August 11<sup>th</sup> Only- \$25
- August 10<sup>th</sup> & 11<sup>th</sup>- \$45
- Travel/ Mileage Stipend (Up to \$100): Estimated Miles: \_\_\_\_\_

#### Lodging (check one)

- August 9<sup>th</sup> Only- \$70
- August 10<sup>th</sup> Only- \$70
- August 9<sup>th</sup> & 10<sup>th</sup>- \$140

**\*If requesting overnight lodging, please indicate the distance you will be travelling: \_\_\_ hr. \_\_\_ min.**

\_\_\_\_\_  
Applicant Signature Date Supervisor Signature Date

Please answer the following:

1. Would you be able to attend this training without receiving a scholarship?  Yes  No
2. How will attending this training impact your work?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_