Katie Toth Memorial Education Fund
Scholarship Application

Members of law enforcement may apply for a scholarship to cover the registration fee to attend one of APSAC's 40 hour forensic interview clinics. (All other expenses will be the responsibility of the scholarship recipient or his/her agency.)

Eligibility: This scholarship is reserved for law enforcement officers from smaller communities who have responsibility for forensic/investigative interviews because the community does not have a Child Advocacy Center or have reasonable access to a Child Advocacy Center or specialized child interviewer and the officer has not previously attended a 40-hour clinic.

Applicant: _____
          Last Name   First Name   Middle Initial

Address: _____
         Address   Suite/Apt #

         _____
         City   State   Zip Code

         _____
         Office #   Fax #   Cell #

         _____
         E-mail address   Job Position/Rank/Title

Agency: _____

        _____

        _____
        Address   Suite/Apt #

        _____
        City   State   Zip Code

1. Please attach a short statement stating your interest and what benefits you expect to get from attendance at an APSAC clinic? Please address eligibility requirements.

2. Please provide a letter of support from your immediate supervisor in support of your need for financial support and the value to you and your agency.
                    OR
Please provide a letter of support from your prosecuting attorney responsible for child abuse cases that supports the need for financial assistance and the value of participation.

3. Please attach a copy of your current resume.

4. Are you an APSAC member: Yes _____ No_____ Former member: Yes_____ No_____

   Not sure _____

Submit your application and accompanying material by e-mail to onlinetraining@apsac.org

Does the application include all the requested documents?:

Statement of interest: _____

Letter of support from supervisor: _____

Letter of support from child abuse prosecutor: _____

Current CV attached? _____

Date reviewed by Education Committee: _____

_____Approved _____ Declined _____ Returned for more information

Amount recommended: $ _____

Date reviewed by Executive Committee: _____

_____Approved _____Declined _____Returned to Education Committee for more information

Amount approved: $ _____