



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.

Members of APSAC will receive priority consideration.

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 or CV.
4. Are you an APSAC member: Yes _____ No _____ Former member: Yes _____ No _____

Submit your application and accompanying material by e-mail to apsac@apsac.org no later than May 22, 2019. Recipients will be notified June 5, 2019.

For APSAC use only:

Does the application include all the requested documents?

Statement of interest: _____

Letter of support from supervisor: _____

OR

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: \$ _____