



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 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 34-hour clinic.

Applicant: _____

Last Name	First Name	Middle Initial
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Address: _____

Address	Suite/Apt #
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City	State	Zip Code
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Office #	Fax #	Cell #
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E-mail address	Job Position/Rank/Title
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Agency: _____

Address	Suite/Apt #
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City	State	Zip Code
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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

For APSAC use only:

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: \$ _____