GHS Cost Code: 6100

CRISIS INTERVENTION TEAM (CIT)

SCHOLARSHIP APPLICATION CHECKLIST

General Scholarship Information:

GHS strives to provide accessible and equitable training opportunity to Crisis Intervention Team (CIT) and CIT related training for law enforcement and first responders. This scholarship will cover up to 40 hours of the cost of salary and benefits that would be incurred per person to attend training. Each law enforcement officer or first responder is required to attend all 40 hours of training and successfully graduate from the program to be eligible for this reimbursement.

THE FOLLOWING MUST BE EMAILED TO CITScholarshipProgram@genhs.org WITHIN THE TIMELINES DESCRIBED BELOW

BY THE SCHOLARSHIP APPLICATION DEADLINE (PROVIDED VIA EMAIL):

- Scholarship application signed by the agency or municipal signing official approved to request funding on behalf of the agency.
- Related data or supporting documents that justify the financial need. Applications will not be considered without justification of financial need.

IF APPROVED, WITHIN 30 DAYS FOLLOWING TRAINING:

- Proof of pay: Check stub or a detailed invoice for the time period with the salary and benefits information from the department for each participant that attended training.
- Proof of training program completion: Certificate or other documentation issued by the trainer indicating successful completion of all training attendance/requirements.
- W9 from the department/agency

Once this is received, reimbursement will be sent to the trainee's department/agency for the approved amount. Reimbursement will not be provided if materials are not submitted within the established timelines.

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CRISIS INTERVENTION TEAM TRAINING

SCHOLARSHIP APPLICATION

Full Name: _____ Department: _____

(Print Name as it appears on pay stub)

CIT Training dates: _____

Why are you interested in becoming CIT trained?

_____
_____
_____
_____
_____
_____
_____
_____
_____

How would obtaining this scholarship assist you in your day to day job?_____
_____
_____
_____
_____
_____
_____
_____

How many CIT trained persons does your department/agency currently have? _____

Would this training be available to you without a scholarship award? Y/N

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Please explain the rationale for this financial assistance scholarship request on behalf of your department/agency? Please include any related data or supporting documents that justify the financial need.

_____
_____
_____
_____
_____
_____

If awarded a scholarship, payment to be sent:

ATTN: _____

Address: _____

Prospective Trainee signature:

_____ _____

(Printed Name) (Signature)

Signing official able to request scholarship funds on behalf of the agency or municipality:

_____ _____

(Printed Name) (Signature)