

C.S.I.A. SCHOLARSHIP APPLICATION

Please Print or Type

Name: _____ Rank/Title: _____

CSIA Member Since _____ (Mo) _____ (Yr) (Minimum 6 months)

Agency: _____

Address: _____

Div./Unit: _____

Phone # () _____ - _____

**** PLEASE ATTACH COPY OF TRAINING ANNOUNCEMENT, COURSE OUTLINE,
AND DOCUMENTATION FOR COSTS IN EXCESS OF TUITION****

Course title: _____

Date of training and any deadlines (important): _____

Description: _____

Offered by: _____

Training location: _____

Costs and Amount Requested:

Tuition	
Travel (mileage, plane fare or other)	
Lodging	
Meals (state allowed per diem)	
Contribution by Agency or Other Source (Minimum 25%)	
Amount Requested (Maximum 75% or \$750 per year)	

CSIA Scholarship Application Continued

Justification for Scholarship: Why is the training & scholarship needed and how it can or will benefit, you, your agency &/or other agencies in your area. Attach additional page (limit 1) if more space is needed. For the benefit of the committee, please describe reason for source of funding not from the agency.

Applicant's Signature

Date

Agency/Division Head Signature

Date

Scan and email application with documentation to: **CSIA President M.C. Williams,**
michaelc.williams@state.co.us

COMMITTEE APPROVAL

_____ CSIA Officer

_____ Member

_____ Member

COMMITTEE DENIAL

_____ CSIA Officer

_____ Member

_____ Member