



Greater Metro Training Region Scholarship Application

Application Requirements Checklist	
<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Course Announcement – must include cost and location
<input type="checkbox"/>	Course Registration Form
<input type="checkbox"/>	Fiscal Contact and W-9
<input type="checkbox"/>	Proof of Payment (you may request a scholarship prior to making payment, however, in order to be reimbursed, proof of payment must be submitted)

SCHOLARSHIPS WITH INCOMPLETE INFORMATION/MISSING DOCUMENTS WILL NOT BE REVIEWED BY THE COMMITTEE. APPLICANTS WILL BE NOTIFIED OF ANY MISSING INFORMATION/DOCUMENTS AND WILL NEED TO SUBMIT THOSE ITEMS BEFORE THE SCHOLARSHIP CAN BE REVIEWED/APPROVED BY THE COMMITTEE.

REQUESTING AGENCY INFORMATION

Agency:	Contact:
Phone:	Email:
Mailing Address:	Federal Employer Identification Number:

TRAINING REQUEST INFORMATION

Name of Training:	
Description:	
Dates:	Location:
Training Provider:	

TRAINING COSTS REQUESTED – MUST BE IN CURRENT GRANT FISCAL YEAR

Applicant Name(s) & POST ID Number (PID):	Registration Fee/Number Requested:	Total Registration Request: \$
	Materials Fee/Number Requested:	Total Materials Request: \$
Travel and Subsistence (<i>Out-of-state travel is available on a case by case basis</i>): Per Diem \$ _____ x _____ Days Lodging \$ _____ x _____ Days Travel \$ _____ x _____ Days		Total Travel Request: \$
*Cannot exceed the GSA allowable rates for travel: https://www.gsa.gov/travel/plan-book/per-diem-rates		TOTAL TRAINING COSTS REQUESTED: \$

Scholarships are awarded on a reimbursement basis only; agencies will receive payment for all approved training costs. Payment will only be made to law enforcement agencies in the POST Greater Metro Training Region once proof of payment has been received.

The Agency/Applicant agrees to substitute personnel in the event that a scholarship applicant is unable to attend the requested course or the Agency/Applicant agrees to reimburse the POST Greater Metro Training Region for the entire amount of the scholarship award received. We certify that the statements in the above application are true and that the payment of the amounts claimed herein will not be reimbursed from any other source.

Electronic submissions accepted – email address will be accepted as signature

Applicant Signature:	Agency Approval Signature (Name/Title):
Reimbursement to Agency Only – List Agency FEIN, mailing address (above) and fiscal contact:	Fiscal Contact:

POST GMTR USE ONLY – COMMITTEE APPROVAL	<input type="checkbox"/> Board Meeting <input type="checkbox"/> Electronic Voting	Approval Initials & Date:
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Send completed application to: Jeff Sanchez @ coordinator@greatermetroregion.com

Phone Number: 303-994-8035

For questions, please visit our website at: www.greatermetroregion.com