



**C.L.E.A.R.S.  
CENTRAL COAST CHAPTER**

**SCHOLARSHIP APPLICATION TO ATTEND  
C.L.E.A.R.S. TRAINING CONFERENCE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Conference Year: \_\_\_\_\_

**I. What type of assistance are you requesting?**

A. \$ \_\_\_\_\_ Conference Fees

B. \$ \_\_\_\_\_ Transportation

C. \$ \_\_\_\_\_ Lodging

1. How many nights? \_\_\_\_\_

2. Are you willing to share a room?  Yes  No

**II. How long have you been a C.L.E.A.R.S. Central Coast Chapter member?** \_\_\_\_\_

**III. Briefly describe your contributions to the C.L.E.A.R.S. Central Coast Chapter organization.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification that my agency will not fund the C.L.E.A.R.S. Training Conference**

\_\_\_\_\_  
*Authorized Signature of Immediate Supervisor      Title      Phone number*

**Applications must be received no later than: August 8<sup>th</sup>**  
**Mail or Email to:**  
**Elizabeth Castillo c/o San Luis Obispo County Sheriff's Office**  
**1585 Kansas Avenue, San Luis Obispo, CA 93405**  
**Email: [ecastillo@co.slo.ca.us](mailto:ecastillo@co.slo.ca.us)**

**BOARD ACTION**

Scholarship granted/denied for: \_\_\_\_\_

Type of Assistance: \_\_\_\_\_

CHECK FOR \$ \_\_\_\_\_ Issue Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Receipts Rcd: \_\_\_\_\_