



**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: October 1, 2025

Mail or Email to:

Trisha Raetz San Luis Obispo County Sheriff's 1585

Kansas Ave, San Luis Obispo, CA 93405

Email: traetz@co.slo.ca.us

BOARD ACTION

Scholarship granted/denied for: _____

Type of Assistance: _____

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

Receipts Rcd: _____