



Academy Application Form

Applications are due May 1, 2018.

APPLICANT INFORMATION

Name:			
Preferred Name (for nametag):			
Organization:			
Street Address			
City, State and Zip			
Work Phone:		Cell Phone:	
Email:			
Emergency Contact Name:		Phone Number:	
Special Accommodations Needed:			
Special Dietary Needs:			

BACKGROUND & EXPERIENCE

Current Work Position:	
Current Position Type (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer	Number of Years in Direct Victim Service:



Education: Degree(s), Major(s), and Institution(s):

Please list any other training certificates received:

Please list any experience in the victim services field (previous employment, volunteer work, etc.)

ESSAY SECTION

Please limit your responses to one paragraph or less for the following questions

Please tell us why you want to attend the Academy:

Please describe how the Academy relates to your job or career path:



APPLICATIONS AND SCHOLARSHIPS

Scholarships are available; please fill out the application form and you will be notified of your acceptance and scholarship.

Students will be notified of their acceptance to the Academy on May 7, 2018.

REGISTRATION

If accepted to The Senator Tommy Burks Victim Assistance Academy, will you be staying on-campus or off-campus?

___ On-campus - I understand I will be sharing an apartment style campus housing unit with up to three other same-sex Academy participants.

- *If you know another person who is applying for the Academy and would like to room together, please list his/her name: _____*

___ Off-campus - I understand I will be responsible for making and paying for my own accommodations for the week.

Is this your first time applying to The Senator Tommy Burks Victim Assistance Academy? ___ Yes ___ No - if no, what year did you attend the Academy? _____

CONFIRMATION

If accepted, please signify your commitment to attend the full 40-hour course (Sunday afternoon through Friday) and arrange your own transportation.

I certify that:

- (1) The information provided in this application is accurate.
- (2) My organization supports my attendance to the Academy and scholarship request.
- (3) The name of my supervisor is: _____
- (4) His/her contact information is: _____

Applicant Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Applications can be emailed (preferred) or mailed to:

Tennessee Coalition to End Domestic and Sexual Violence

Attention: Morgan Service

2 International Plaza Dr. Ste. 425

Nashville, TN 37217

Questions? Contact Morgan Service at 615-386-9406 x 315 or mSERVICE@tncoalition.org

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