



SOUTH CAROLINA PUBLIC SAFETY CHAPLAINS ASSOCIATION
Training Seminar Scholarship Application
(for SCPSCA Members)



PRINT, FILL OUT & EMAIL TO: dave.scpsca@gmail.com

TRAINING SEMINAR _____ LOCATION: _____

DATE(S) _____ AMOUNT REQUESTED _____

Name _____ Email _____

Address _____ Phone _____

City, State, Zip Code _____ Year Joined SCPSCA _____

Agency _____ Position _____

Chief/Supervisor's Name _____ Phone _____

Agency funding any part of your expenses? (Y/N) _____ If so, how much? _____

If not, why? _____

How do you define your role as a chaplain? _____

Why did you join SCPSCA?

Why do you want to attend this Training Seminar? _____

What are you going to do with the training? _____

