

For Treasurer's use only

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_

## 2019 NPW STATEMENT OF ELIGIBILITY

WASateC.O.P.S. offers \$700 per person to NPW 2019

By accepting financial assistance from WASateC.O.P.S. for the purpose of attending National Police Week (NPW), I agree to the following:

1.  I did / will attend appropriate C.O.P.S. sessions on May **14** (\$350 assistance)
2.  I did / will attend appropriate C.O.P.S. sessions on May **16** (\$350 assistance)
3.  I have provided proof of attendance (e.g., airfare receipt, confirmation by National C.O.P.S.)

By checking this box, I understand that to be eligible for this assistance:

1. I am a survivor of, or support for, a law enforcement officer who died in the line of duty as defined by federal criteria
2. I am a resident of the state of Washington
3. I did not / have not received funds from another C.O.P.S. chapter or other source for 2019 Police Week that would result in receiving more than my NPW costs

***I am a/an (circle appropriate survivor type – if you are the spouse of an LODD survivor, circle the box for their survivor type):***

Spouse	Fiancé / significant other	Parent / step-parent	Sibling	Child	Extended family
Adult child	Affected Co-worker	Support personnel	Special Circumstance		(grandparent, in-law, uncle, etc.)

By checking this box, I understand that if I did not comply with these requirements, but I have received payment to attend NPW, I will reimburse WASateC.O.P.S. that payment.

*NOTE: We are not responsible for, and will not reimburse, for cancelled / missed flights*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Check this box if you have attended NPW in the past

Email completed form and proof of attendance to [info@washingtonstatecops.org](mailto:info@washingtonstatecops.org)  
or mail to P.O. Box 111772, Tacoma, WA, 98411-1772