

2020 RETREAT STATEMENT OF ELIGIBILITY

For Treasurer's use only

Date Paid: _____

Check # _____

Amount _____

WASateC.O.P.S offers **UP TO \$500** per person

By accepting financial assistance from WASateC.O.P.S. for the purpose of attending National Concerns of Police Survivors' Hands On Programs, I agree to the following:

- 1. I did / will travel to the retreat
- 2. I did / will attend appropriate C.O.P.S. sessions and programs offered to me at the retreat
- 3. I have provided proof of attendance (airfare receipt, confirmation by National C.O.P.S., etc.)

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

- 1. I must be 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 any other organization for the same travel and/or event participation

I am a/an (circle appropriate survivor type – if you are the spouse of an LODD survivor, or accompanying a child to Kids camp, 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, cousin, etc.)

By checking this box, I understand that if I did not comply with these requirements, but received payment to attend a National Concerns of Police Survivors event, I will reimburse WASateC.O.P.S. that payment.

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

Date _____

Signature _____

Printed Name _____

Email Address _____

Address _____

City, State, ZIP _____

Home number _____ Cell number _____

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