

2024 NPW STATEMENT OF ELIGIBILITY

WASateC.O.P.S. offers \$800 per person to NPW 2024,
Maximum \$1,600 per officer family

<i>For Treasurer's use only</i>	
Date Paid:	_____
Check #	_____
Amount	_____

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** (\$400 assistance)
- 2. I did / will attend appropriate C.O.P.S. sessions on May **16** (\$400 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 / will not receive funds from another C.O.P.S. chapter or other source for Police Week that would result in receiving more than my NPW costs

I am a/an (circle appropriate survivor type). NOTE: if you are accompanying an LODD survivor, circle the box for their survivor type).

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

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

Within 60 days of NPW, email completed form and proof of attendance to info@washingtonstatecops.org or mail to P.O. Box 111772, Tacoma, WA, 98411-1772