

For Treasurer's use only

Date Paid: _____

Check # _____

Amount _____

2024 RETREAT STATEMENT OF ELIGIBILITY

WASateC.O.P.S offers **UP TO** \$700 per person, maximum of \$1400 per officer family per 2024 retreat, maximum of \$4,200 per officer family over all retreats for FY24

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 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 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 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	Extended family, such as: (grandparent, in-law, cousin, 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 received payment to attend a National Concerns of Police Survivors retreat, 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 _____

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