

2026 NPW STATEMENT OF ELIGIBILITY

WASateC.O.P.S. offers \$800 per person to NPW 2026,
Maximum \$1,600 per officer family

For Treasurer's use only

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 (check boxes 1, 2,3 and/or 4 as appropriate):

- I did / will attend appropriate C.O.P.S. sessions on May **14** (\$400)
- I did / will attend appropriate C.O.P.S. sessions on May **16** (\$400)
- I have provided proof of attendance (e.g., airfare receipt, confirmation by National C.O.P.S.)
- I did / will volunteer at least 4 hours during NPW

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

- I am a survivor of, or support for, a law enforcement officer who died in the line of duty as defined by federal criteria
- I am a resident of the state of Washington
- I did not / have not / shall not receive funds from any other source

I am a/an (circle appropriate survivor type). NOTE: if you are accompanying an LODD survivor and none of these survivor types apply, circle the box for their survivor type.

Spouse	Fiancée / significant other	Parent / step-parent	Sibling	Extended family, such as:
Adult child	Affected Co- worker	Support personnel	Child	(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 _____

Phone 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