2018 RETREAT STATEMENT OF ELIGIBILITY



WAStateC.O.P.S offers **UP TO** \$600 per person

-		nancial assistance olice Survivors' Ha				se of attending Nation	nal
	2.	eat	riate C.O.P.S.	·		offered to me at the rmation by National	
ПВ√	checkina	this box, I unders	tand that to be	e eligible for this a	assistan	ce:	
	of d 2. I am 3. I ha orga a/an (circ	uty as defined by a resident of the ve received no oth anization for the sa	federal criteria state of Wash ner funds from ame travel and	ington another C.O.P.S l/or event particip if you are the s	6. chapte pation pouse o	of an LODD surviv	
	Spouse	Fiancé /	Parent /	Sibling	Child	Extended family	
	Adult child	significant other Affected Co- worker	step-parent Support personnel	Special Circumstance		(grandparent, in- law, uncle, etc.)	
recei	ved paym					requirements, but ent, I will reimburse	
	NOTE: We	e are not responsi	ble for, and wi	ll not reimburse,	for cand	celled / missed flight	S
Date Signa	ature						
Printed Name							
Email Address							
Address							
	State, ZIP						
•	e number						
	number						

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