



Created by Counties for Counties

**Washington Counties Risk Pool**  
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## WCRP SCHOLARSHIP APPLICATION

### APPLICANT COMPLETES THIS SECTION:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

1. Identify the training being applied for and location (*include training description and details*):
2. Anticipated cost of registration: \$\_\_\_\_\_ *Travel, meals, and accommodations are generally the county's responsibility.*
3. Describe the risk management element that will be addressed during this training, and how your attendance will enhance or improve your county and/or the WCRP risk management program(s):

Upon *completion* of this training, I AGREE to share the information gained from this training with other WCRP member counties by either instructing and/or reporting at future Risk Pool training sessions or meetings.

\_\_\_\_\_  
(Signature of Applicant)

*Please provide the application and supporting documentation to your county's Risk Manager.*

### DESIGNATED RISK MANAGER FOR WCRP:

Please identify what role the applicant has relative to risk management in your county, and how you see that their attendance at this training will enhance or improve the risk management program in your county and/or the Risk Pool:

Risk Manager – please email this form and any supporting documentation to [MemberServices@wcrp.wa.gov](mailto:MemberServices@wcrp.wa.gov)