



Created by Counties for Counties

**Washington Counties Risk Pool**  
2558 RW Johnson Rd SW, Suite 106  
Tumwater, WA 98512  
(360) 292-4500  
[wcrp.info](http://wcrp.info)

## WCRP Scholarship Application

### APPLICANT COMPLETES THIS SECTION

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dept: \_\_\_\_\_ Date: \_\_\_\_\_

### OPPORTUNITY

Hosting Organization:

Training/Event Title:

Training/Event Date(s):

Training/Event Location:

Anticipated cost of registration: \$

*(Travel, meals, and accommodations are generally the county's responsibility.)*

Course/Event Description:

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):

- *By submitting this application, the applicant acknowledges they may be asked by the WCRP to provide feedback about the course and/or share information gained with other WCRP member counties.*
- *Please provide the application and supporting documentation to your county's Risk Manager.*

### SUBMISSION INSTRUCTIONS

The designated Risk Manager must submit the materials listed below to [MemberServices@wcrp.wa.gov](mailto:MemberServices@wcrp.wa.gov).

- ✓ **Completed Application**
- ✓ **Supporting documentation, such as class/event description, details, and cost of enrollment**

*Requests will be reviewed within 14 business days of receipt, and the Risk Manager will be contacted if there are any questions or concerns.*