



NORTHEASTERN ASSOCIATION OF FORENSIC SCIENTISTS

TRAINING SCHOLARSHIP FUND

PRE-APPROVAL APPLICATION

Instructions: To be completed prior to attending the workshop/meeting eligible for reimbursement.

Applicant Information

First Name: _____ Last Name: _____
 Organization/Agency: _____
 Street: _____
 City: _____ State: _____ ZIP Code: _____
 Phone: _____ Fax: _____ E-Mail: _____
 NEAFS Member Number: _____
 ABC Status: Diplomat Fellow Board Member Affiliate Exam Committee

Training Information

Course Title: _____
 Sponsor/Host Organization: _____
 Meeting Dates & Times: _____
 Location: _____ Travel Dates & Times: _____
 Course Description: _____

 Attendance Benefit to Applicant: _____

Expenses

Registration Cost: _____ Travel Cost: _____
 Justification for Reimbursement: _____

Will you be reimbursed by your agency or any other non-NEAFS related entity for any expenses incurred as a result of attending the above training? Yes No

If "Yes", provide funding agency and amount: _____

Have you been funded to attend all or part of a workshop or training course this year? Yes No

If "Yes", provide cost of workshop(s)/training(s) attended and amount compensated: _____

FOR OFFICIAL USE ONLY: Reference #: _____ Date Received: _____ Initials: _____