



**Wisconsin Governor's Conference on Highway Safety**  
with Child Passenger Safety TRACK

**DO NOT SEND this Application to WI-DOT**

- The scholarship opportunity is for the \$125 registration fee only.
- You must make your own hotel and travel arrangements.
- Scholarships are ONLY available to Wisconsin - CPS Technicians/Instructors
- Expired CPS technicians will be denied.
- ***This scholarship application serves as your conference registration.***
- Please do **NOT** submit a registration and fees to the WI-DOT. You will not be refunded!
- You will receive ample notification to register for the conference if not granted a scholarship.
- Scholarship funding is limited. Please seek funding from your employer before applying.
- Applying is not a guarantee of approval.
- Let us know if your plans change and you are unable to use a scholarship.

Registration Fee/Scholarship Application:

<i>First name</i>		<i>Last Name</i>	
<i>Work Phone #</i>	<i>Home Phone #</i>	<i>Fax #</i>	<i>Mobile #</i>
<i>Primary Email</i>			
<i>Email:</i>			
<i>Company/Organization</i>		<i>Position/Title</i>	
<i>Mailing Address</i>			
<i>City:</i>		<i>County:</i>	
<i>State:</i>		<i>Zip Code:</i>	

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Technician # (or Instructor #)	Original Certification Date (month/year)
What date will your CPS certification expire?	How many CEU's have you earned for this re-certification period?
	0 1 2 3 4 5 6 more than 6
Have you ever attended the Governor's conference?	If yes, who funded your registration fees?
No Yes	Employer Self WINS Scholarship Other
Will you attend the conference without the scholarship?	How will additional expenses be covered for this Conference? (mileage, hotel)
No Yes	Employer Self Other

Scholarship funding is intended for CPS technicians that are not able to get funding from their employer. Did you request funding to attend this conference from your employer?

**YES NO**

Why was your request for funding to attend this conference denied by your employer?

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Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application deadline August 1**

Return this form to:

**Mail this form to:** WINS 52 Sunset Blvd., Stevens Point, WI 54481

**Fax:** 715-346-0003

**E-mail:** [wcpa@sbcglobal.net](mailto:wcpa@sbcglobal.net)

**Phone:** (1-866-511-9467) or (715-346-0055)