



## Los Angeles Women Police Officers and Associates (LAWPOA) Training Reimbursement Application

Applicant Information		
Title:	First & Last Name:	
Public Safety Agency:		
Serial No. (Active LAPD Members Only):		
Mailing Information		
Street Address:	City:	State:
Email Address:	Phone No.	
Training/Course Information		
Course/Training Title:		
Course/Training Dates(s):		
Course/Training Location:		
Course/Training Fee : \$	Reimbursement Request Amount: \$	
Have you requested and/or received additional reimbursements for this course:		
<input type="checkbox"/> Yes, please indicate the amount _____		
<input type="checkbox"/> No, I have not requested and/or received <u>any</u> reimbursements for this course		
<input type="checkbox"/> I have included the required 500-1000 word essay on the below points: <ul style="list-style-type: none"> <li>○ An overview of the training</li> <li>○ How this training will enhance my professional career goals</li> <li>○ Would you or would you not recommend this training to others and why? (Including speaker recommendation for LAWPOA training symposium).</li> </ul>		

### LAWPOA BOARD ONLY

<input type="checkbox"/> Applicant Membership Verified	Date:
<input type="checkbox"/> Approved by Board	Date:
<input type="checkbox"/> Not Approved by Board      Reason:	Date:
<input type="checkbox"/> Check Mailed to Applicant	Date:

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