



**CornerHouse**

2502 10th Avenue South  
Minneapolis, MN 55404

## DHS Scholarship Application Form

### **Individual Applicant Information**

**Please provide the information below for the individual who would like to receive a DHS-funded scholarship to attend CornerHouse Basic Forensic Interview Protocol™ training:**

**First name**

**Last name**

**Title**

**Agency**

**Street Address**

**City**

**Zip Code**

**County**

**Email Address**

**Phone Number**

### **Supervisor of Applicant Information**

Please provide the following information for the person who is the Supervisor for the individual applying for scholarship funds.

Full Name

E-mail address

Confirm e-mail address

Business telephone

### **Applicant Statement of Need**

Please answer the following questions.

Why does your staff need to attend CornerHouse Basic Forensic Interview Protocol™ training?

Please include specific information (numeric and descriptive data) explaining how staff having trained in the CornerHouse Protocol will improve services to children, adolescents and vulnerable adults who may have experienced or witnessed abuse.

Priority is given to applications that present complete and specific statements of need.

