



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 Vulnerable Adult 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 Vulnerable Adult 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.





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Statement of Need:

