



## FY24 Certification Scholarship Application IN Child Passenger Safety Technician Certification Training

The Automotive Safety Program (ASP) at Indiana University School of Medicine is funded by the Indiana Criminal Justice Institute to direct child passenger safety education and training in the state of Indiana. The ASP is offering a limited number of certification scholarships to help with the \$95 certification fee for new CPST technicians, \$95 renewal certification fee for expired CPSTs looking to re-certify, and the \$85 certification fee for CPST Instructor Candidates.

In order to be awarded a scholarship, you must provide all corresponding paperwork within **20 business days (4 weeks)** of certification. The ASP will reimburse the CPST after completion of the following:

- Submit Certification Scholarship Application
- Submit Payee Certification Form
- Submit Safe Kids Wallet Card
- Receipt of payment from Safe Kids
- Please note, if approved, additional documentation will be required.
- Please note, additional documentation will be required if your employer or another entity paid the certification fee.

Please complete the form on the following page and send via email to Craig Robinson at rocrobin@iu.edu.

If you have any questions please call Craig Robinson at 317-274-6959 or email at rocrobin@iu.edu.





## FY24 Certification Scholarship Application

Applicant Name:		
CPST Certification ID Number:		
CPS Certification Course ID Number:		
CPS Certification Course Dates:		
Lead Instructor:		
Please check whom paid for the Certification Fee: I p	aid Employer/another entity paid	
If you paid for the certification fee, please enter your address below. If your employer or another entity paid for the certification fee, please enter their address below.		
Agency Name (if applicable):		
Agency Address (if applicable):		
Applicant Address:		
City:	State:	
Zip Code:	County:	
Email:	Phone #:	
I am requesting a: Certification Scholarship - \$95.00 Renewal CPST Scholarship - \$95.00 Instructor Candidate Scholarship - \$85.00		
Briefly explain why you are requesting a certification/renewal/IC scholarship and how you plan to use your certification to benefit your agency/community:		
Applicant Signature:	Date:	



## **Payee Certification**

I, (printpayee name) \_\_\_\_\_\_\_, hereby certify that all charges and/or reimbursements pertain to Indiana University business. The payment amount requested is payment due after allowing for all credits. No part of the same has previously been paid by, or will be paid by, another source.

\$	
Payment Amount <sup>1</sup>	
Payee Signature	
Date	
Payee Email	Payee Address

Payment amounts must be exact.

This form should be used as substantiation documentation, in lieu of an invoice or contract, for the following Check Request Forms ONLY:

Payment to Research Participant Honoraria/Guest Speakers/Entertainers

Review and approval by Fiscal Officer will occur during appropriate document routing.

Revised October 30, 2020