



FY24 Re-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. ASP is offering a limited number of re-certification scholarships to help with the \$60 CPSTI recertification fee, \$40 CPSTI re-certification fee for instructors with 70+ teaching hours, \$55 CPST re-certification fee, and \$25 technician proxy fee.

In order to be awarded a scholarship, you must provide all corresponding paperwork and **meet 3 of the 4 requirements listed below** within 4 months of your certification cycle end date (submit this form no later than 4 weeks before your certification cycle end date):

- Work at a Permanent Fitting Station.
- Completed a minimum of 2 Community Events per quarter.
- Attended at least one of the following CEU event offered by ASP online, Regional Refresher Course, Annual Conference, or a Coffee and Tea with Techs hosted by the ASP.
- Completed all requirements for recertification.

Please complete the form on the following page and send via email the Automotive Safety Program at autosfty@iu.edu.

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





FY24 Re-certification Scholarship Application

| Applicant Name: | |
|---|---|
| CPST Certification ID Number: | |
| If you work at an Inspection Station, plea Inspection Station, please enter your add | ase enter the Inspection Station's address below. If you do not work at an dress. |
| Agency Name (if applicable): | |
| Agency Address (if applicable): | |
| Applicant Address: | |
| City: | State: |
| Zip Code: | County: |
| Email: | Phone #: |
| I am requesting a: | |
| ☐ CPSTI Re-certi ☐ CPST Re-certif | fication scholarship - \$60 fication 70+ teaching hours - \$40 fication scholarship- \$55 oxy Certification Scholarship - \$25 |
| Briefly explain why you are requesting a certification to benefit your agency/com | certification/renewal/IC scholarship and how you plan to use your munity: |
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| Applicant Signature: | Date: |