



CONCERNS OF POLICE SURVIVORS, INC (COPS) ILLINOIS CHAPTER

PO Box 304
Tampico, IL 61283
www.ilcops.org

Phone: 815-438-2497
Cell: 815-718-5542
Email: contact@ilcops.org

President

Jennifer Morales w/01
JMorales@ilcops.org
Cell: 815-718-5542

Vice President

Mark Hannan co/06
MHannan@ilcops.org
Cell: 312-961-8511

Secretary

Marianne McKenna so/01
MMcKenna@ilcops.org
Cell: 312-813-6007

Treasurer

Toni Hardesty w/05
THardesty@ilcops.org
Cell: 309-530-5151

Liaison Officer Chair

Mark Hannan co/07
MHannan@ilcops.org
Cell: 312-961-8511

Northern Regional Trustee

Craig Figgins s/05
CFiggins@ilcops.org
Cell: 847-682-1931

Central Regional Trustee

Cathy Barnard p/04
CBarnard@ilcops.org
Cell: 309-264-9393

Southern Regional Trustee

Earl Chambers p/06
EChambers@ilcops.org
Cell: 636-279-0094

Hands On Retreat Participation Award and Travel Assistance Guidelines

The Illinois Chapter of COPS has set aside funds to assist survivors to get to National COPS Hands on Retreats. Illinois Survivors attending a National COPS Hands On Programs are eligible for a Participation Award of *up to* \$150. Please mail in the Participation Award form prior to the retreat you are attending, but no later than 30 days after completion of the retreat. IL COPS **will not** make reimbursements until all retreats are completed in mid October unless immediate assistance is requested. Please contact any member of the Illinois COPS board for assistance.

Guidelines:

Any survivor who resides in Illinois wishing to attend a Hands on Retreat may apply.

You must attend and participate in retreat activities. Survivors arriving late or leaving early will not be eligible for the participation award or travel assistance.

Please purchase airline tickets three weeks out to receive the best available fare. Request for Participation Award may be prorated depending on the total amount of requests. First year attendees will receive priority on award.

For survivors who have special circumstances and may need additional or immediate assistance please complete the Travel Assistance Request form and mail it in with the Participation Award form for consideration by the Illinois COPS Board.

Please submit Participation Award form and/or Travel Request with receipts no later than 30 days after your retreat to:

Illinois COPS, PO Box 21, Normal, IL 61761.

**** Please note that you do not need to submit receipts or file the Travel Assistance Form unless you are requesting more than the \$150 Participation Award.**

Request for Participation Award
Illinois Chapter of Concerns of Police Survivors (IL COPS)

Family Information:

Name: _____ Date: _____
(Last name, first)

Additional Travelers: _____
(spouse or children only to same event)

Mailing Address: _____
Street or PO Box City State Zip

The Event:

I attended or plan on attending the _____ on _____.
(National Hands on Program - HOPs) (dates of event)

Fill in this form only if your travel expense was more than \$150 and please provide receipts!

Request for Travel Assistance
Illinois Chapter of Concerns of Police Survivors (IL COPS)

Family Information:

Name: _____ Date: _____
(Last name, first)

Additional Travelers: _____
(spouse or children only to same event)

Mailing Address: _____
Street or PO Box City State Zip

The Event:

I attended or plan on attending the _____ on _____.
(National Hands on Program - HOPs) (dates of event)

Expected Travel Plans:

I will travel from _____ to _____.

Round trip mileage: _____ @ .25 per mile = _____.
or

Airfare: From _____ to _____.
(O'Hare, Midway, St. Louis) (National appointed airport).

Price per ticket: _____. You must include airline receipts for travel.

Do you know if any other IL COPS survivors are attending this same event, and if so, can you travel together? _____.

Any Additional Circumstances:

If there are any special circumstances that you would like to share about this request, please use the space below to explain:

The ILCOPS Board will review Requests for Travel Assistance as needed. We will do everything possible to assist our survivors in getting to COPS related events. The review will be based on several factors that you have identified above and on our budgetary constraints. Checks will not be mailed out until all retreats have been completed. If you need immediate assistance please let us know in the Additional Circumstances section above.

On _____, the IL COPS reviewed and discussed this request and agreed to provide \$ _____, to _____.