

Cyber Assessment Scholarship Request Form

| | |
|---|---|
| Name of District (That will receive assessment) | |
| Applicant Name | Applicant Email |
| Main Contact - District (if different from applicant) | Main Contact Phone Number - District |
| Main Contact Email - District | IT Contact Name and Email (if applicable) |
| Do you have property and liability coverage with the CSD Pool? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Why would a cyber assessment scholarship benefit your district? | |
| Do you have a dedicated IT department or IT personnel? If so, how many employees are in the department? | |
| Has your district ever undergone a cybersecurity assessment, network scan or audit via a third- or first-party? If so, when did that occur? | |

Your completed form can be sent to info@csdpool.org.
Recipients are notified each year in February.