

IACP ANNUAL CONFERENCE SCHOLARSHIP APPLICATION FORM

Name: _____

Department: _____

of Commissioned Officers: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

How many years/months have you served in law enforcement?

YEARS	MONTHS

How many years/months have you served as a police chief?

YEARS	MONTHS

Are you an IACP Member? (*In good standing*) Yes No

Are you a member in good standing with the OACP? Yes No

Have you ever served the OACP: on the Board of Directors? Yes No

as a Committee Chair? Yes No

on a Committee? Yes No

Please complete a short narrative on the next page answering the question, "Why should you be considered to receive this scholarship award?"

Signed: _____

Approved: _____

Executive Director/Association President/Scholarship Comm. Chair

****DO NOT WRITE BELOW THIS LINE****

Received:			Narrative Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
LE Points	Chief Points	IACP	OACP Board	Committee Chair	Committee	TOTAL

SHORT NARRATIVE