

# IACP ANNUAL CONFERENCE SCHOLARSHIP APPLICATION FORM

**APPLICATIONS DUE BY MARCH 31<sup>ST</sup> OF EACH YEAR**

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 be chosen and what benefits will you receive by attending the IACP Conference?"*

Signed: \_\_\_\_\_

Approved: \_\_\_\_\_

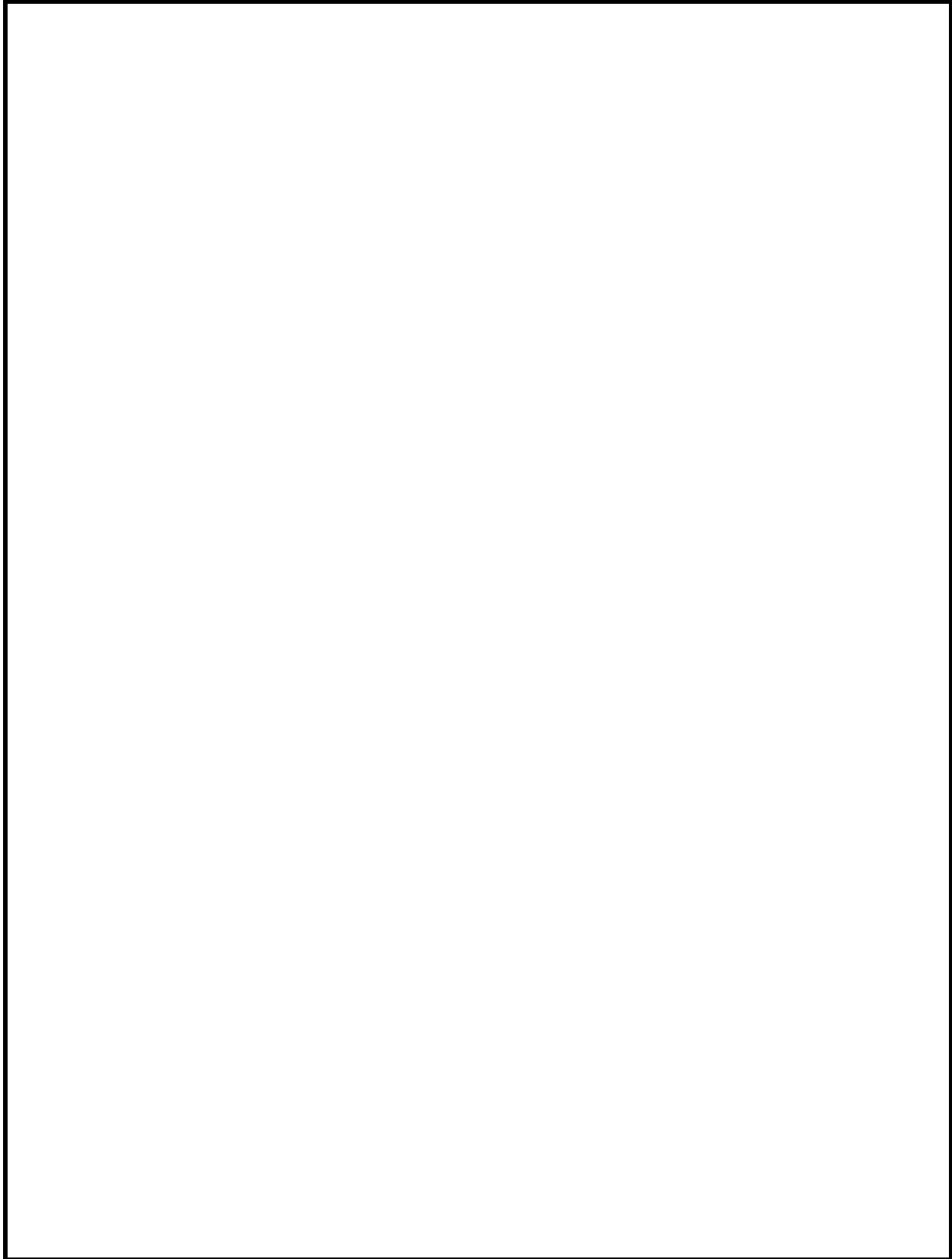
Executive Director/Association President/Scholarship Comm. Chair

**\*\*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	Narrative	TOTAL

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**SHORT NARRATIVE**

A large, empty rectangular box with a black border, intended for the applicant to write their short narrative. The box occupies most of the page below the title.