

IACP ANNUAL CONFERENCE SCHOLARSHIP APPLICATION FORM

APPLICATIONS DUE BY MARCH 31ST OF EACH YEAR

Name: _____

Department: _____

Total # of Sworn Officers (including you): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

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

YEARS	MONTHS
YEARS	MONTHS

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

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: _____

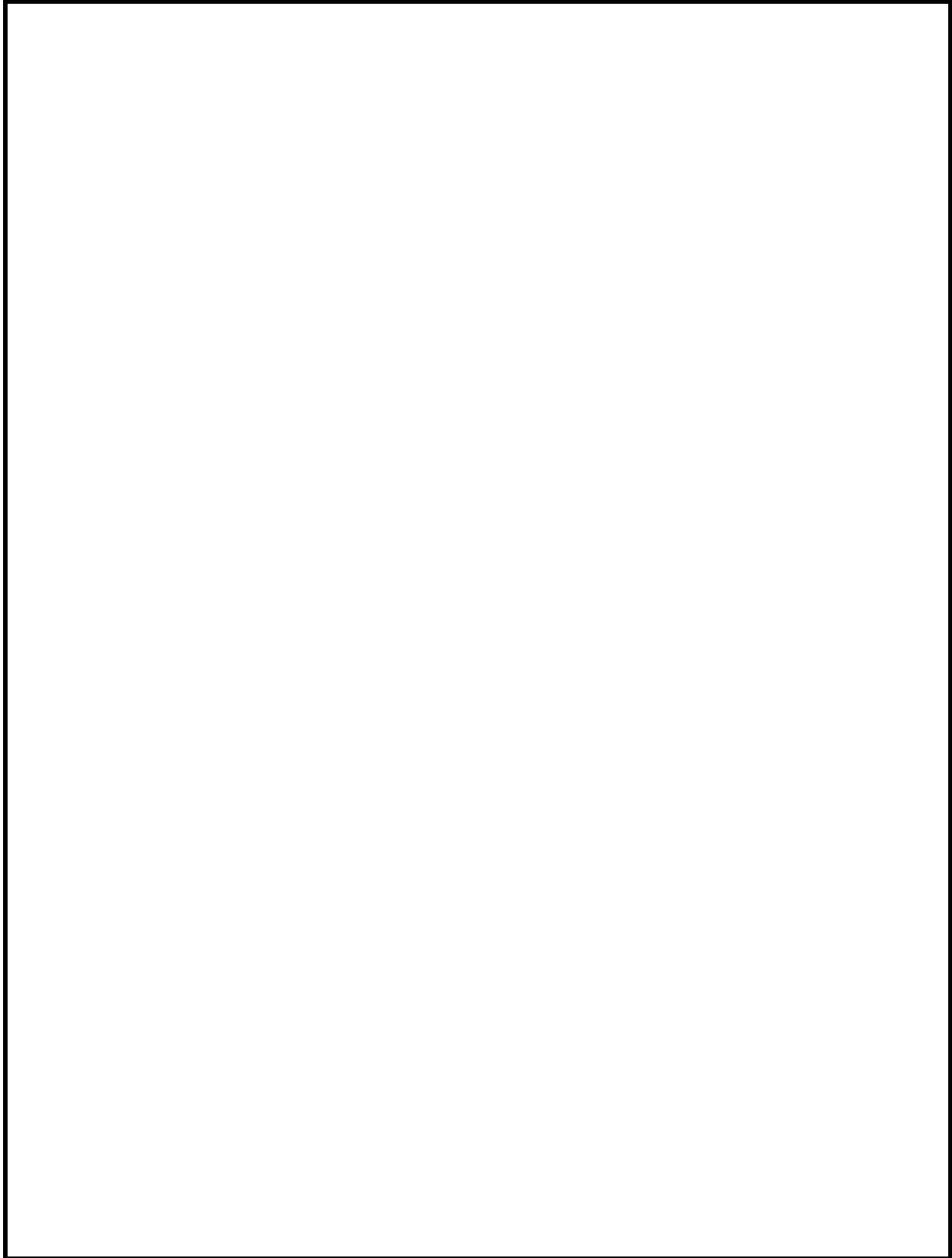
Executive Director/Association President/Scholarship Comm. Chair

****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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SCHOLARSHIP APPLICATION FORM**
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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.