

Application



Joanne Perkins

Iowa APCO Conference Scholarship

The late Joanne Perkins

NAME: _____ , _____
Lastname Firstname

ADDRESS: _____

TELEPHONE (____) ____ - ____ HOME/CELL (____) ____ - ____

AGENCY: _____

HOW LONG EMPLOYED AT THIS AGENCY? _____

DEPARTMENT HEAD NAME: _____

DEPARTMENT HEAD TELEPHONE NUMBER (____) ____ - ____

EXPERIENCE IN PUBLIC SAFETY COMMUNICATIONS? (LIST EACH AGENCY)

WILL YOUR AGENCY GIVE YOU DUTY TIME OR PAID LEAVE TO ATTEND THE APCO
CONFERENCE?

YES NO IF NOT, WHY? _____

WHY DO YOU WANT TO ATTEND A CONFERENCE? _____

WHAT ARE YOUR GOALS IN THE PROFESSION OF PUBLIC SAFETY COMMUNICATIONS?

APCO MEMBERSHIP NUMBER? _____