

North Carolina Chapter Scholarship Fund Application



Please complete all sections of the application form in legible handwriting or other electronic means (typewriting or computer word processing).

SECTION I APPLICANT INFORMATION

Last Name

First Name

Middle Initial

Street Address

State

Zip Code

Work Phone Number (_____) _____

Alternate Contact Number (_____) _____

E-mail _____

Scholarship being applied for _____

APCO Membership Number (if APCO member) _____

Current Employer:

Name of Agency _____

Agency Address _____

Position Held _____

Supervisor Name and phone number _____

Supervisor e-mail _____

SECTION III EMPLOYERS RECOMMENDATION

Please attach a letter of recommendation from your current employer.

SECTION IV ESSAY

Please describe in your own words your reasons for applying for this scholarship and what you hope to achieve if you are selected (may attach a letter if more room is needed.)