



Joanne Perkins
Iowa APCO Conference
Scholarship Application



The late Joanne Perkins

NAME: _____

ADDRESS: _____

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

AGENCY: _____

LENGTH OF EMPLOYMENT 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? _____