

## John D. Lane Scholarship Application

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

### SECTION I: APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

APCO Membership Number: \_\_\_\_\_

Contact Information:

Phone Work: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

#### **Current Employer:**

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Applicant's Position within the Agency: \_\_\_\_\_

Applicant's Length of Employment with this Agency: \_\_\_\_\_

Applicant's Immediate Supervisor: \_\_\_\_\_

Supervisors Contact Information:

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

## **SECTION II: WORK HISTORY**

Please attach an employment history spanning your experience in public safety. Please provide agency names, City and State/Province, and length of employment for each entry. Entries should be in chronological beginning with the most recent excluding current employment.

Please include any additional information you would like to share. (hobbies, family, etc.)

## **SECTION III: EMPLOYERS RECOMENDATION**

Please attach a letter of recommendation from your current employer

## **SECTION IV: INQUIRY & RESPONSE**

Please submit an attachment containing answers to the following questions in narrative form:

1. Please describe where you would like to be in terms of your career in five years.
2. Please describe a significant contribution you feel you have made in your chosen career field or one you would like to make if you were afforded the opportunity.
3. Discuss any areas of Emergency Communications you would like to see changed or improved and describe the changes you would deem significant and beneficial.

## **SECTION V: ESSAY**

Please describe in your own words (approximately 500 words) your reasons for applying for this scholarship and what you hope to achieve if you are selected.

**Mail or Fax to:  
APCO Institute  
351 N. Williamson Blvd.  
Daytona Beach, Fl. 32114  
Fax: 386-322-9766**