



**APPLICATION
OTTO RHOADES SCHOLARSHIP**

Date: _____

SECTION I APCO MEMBERSHIP INFORMATION

Name: _____

(Name of Illinois Chapter member)

APCO Membership Number: _____ Years Member: _____

NOTE: The APCO member must have at least two (2) years of consecutive Illinois Chapter membership prior to filing this application

SECTION II APPLICANT INFORMATION

Name: _____

(Name of student)

Address: _____

Daytime Telephone _____ Evening Telephone _____

E-Mail Address: _____

Are you:

APCO Member ____ Member's Spouse ____ Member's Child ____ Childs Age ____

SECTION III EDUCATION

High School Graduate ____ GED: ____ Year Graduated or GED Awarded: _____

High School Graduated From: _____

Highest year education completed: 9 10 11 12 1 2 3 4 Graduate School

Currently enrolled at: _____

Major Area of Study: _____ Current GPA: _____

Type of School: 2yr 4yr Trade/Voc Other (If other please explain)

Full Time _____ Part Time _____ Undergrad Grad _____

Career Objective: _____

SECTION IV NARRATIVE

PROVIDE A SHORT EXPLANATION OF WHY YOU ARE APPLYING FOR THIS

SCHOLARSHIP AND WHAT YOUR CARRER GOALS ARE. **DO NOT** INCLUDE ANY REFERENCE TO YOUR NAME, SEX, AGE, ETC. PLEASE TYPE OR PRINT LEGIBLY. LIMIT YOUR NARRATIVE TO THIS PAGE.

I have read and understand the rules of the Illinois APCO Otto Rhoades Scholarship Program. The rules can be reviewed at <http://ilapco.org/FAQ.aspx>

APCO Member Signature: