



# Washington Chapter - APCO Dick Quantz Scholarship Fund Application

## APPLICANT:

Name: \_\_\_\_\_

Job Function: \_\_\_\_\_

APCO Membership #: \_\_\_\_\_  
(Family member number if applicable)

Time employed in public safety: \_\_\_\_\_

## AGENCY:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

\_\_\_\_\_

Executive: \_\_\_\_\_

\_\_\_\_\_

## SCHOLARSHIP:

Washington Chapter Summer Training Conference

Describe the reason for your request (provide supporting documentation where applicable) and why your agency is not able to afford to send you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your agency sending anyone else? \_\_\_\_\_

If yes, how many & why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach a short narrative describing your proposed field of study, how that relates to your current position or future endeavor and how this training will benefit you and/or your agency. Provide supporting documentation where applicable as defined in the Application Information.

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College/University Tuition Assistance

Name and address of College or University: \_\_\_\_\_

\_\_\_\_\_

Please attach a short narrative describing your proposed field of study, how that relates to your current position or future endeavor and how this training will benefit you. Provide supporting documentation where applicable as defined in the Application Information.

Applicant signature below indicates understanding and acceptance of these requirements and that they are not a member of the family of an ADCOMM employee or of a member of the APCO selection committee:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AGENCY EXECUTIVE: (For Summer Conference Training Only)**

Is this request relevant to the applicants need? \_\_\_\_\_

Did your agency receive any similar scholarship funds in the last year? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Does the applicant's agency receive state operational assistance, including training funds?  
\_\_\_\_\_

Scholarships for the summer training conference are granted based on need. In order to determine the need, the scholarship committee will consider whether or not an agency qualifies for other financial resources, including funds from Washington State E9-1-1. Full and accurate disclosure of such eligibility is required for awards consideration; actual receipt of such funds is not a factor in the committee's decision. APCO relies on the Agency Executive to verify successful attendance or course completion as defined in the application information (please read all requirements). Your signature below indicates understanding and acceptance of these requirements.

\_\_\_\_\_  
Agency Executive Signature

\_\_\_\_\_  
Date

Submit completed application to:  
Dick Quantz Scholarship Fund  
C/O Deb Welsh, Skagit 911  
2911 East College Way, Suite A  
Mount Vernon, WA 98273

Committee Use Only:

Date Received:

Final Score:

Funding Level:

Referred to Exec Brd:

Agency Notified

Candidate Notified: