



# 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:**