

**Beth Cortina RPL Scholarship – Year \_\_\_\_\_**

**Application**

Applicant name \_\_\_\_\_

APCO Membership # \_\_\_\_\_

Applicant agency \_\_\_\_\_

Agency address \_\_\_\_\_

Agency phone \_\_\_\_\_

Agency contact name \_\_\_\_\_

Agency contact email \_\_\_\_\_

By accepting the Beth Cortina RPL Scholarship from Illinois APCO, I agree to complete the RPL program in its entirety.

Applicant signature  
\_\_\_\_\_

Date  
\_\_\_\_\_

If the scholarship recipient does not complete the RPL Program, either the scholarship recipient or \_\_\_\_\_ (Agency Name) will reimburse Illinois APCO the full tuition amount of \$995.00

Printed name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Provide a copy of RPL application and proof of acceptance.