



## Virginia Chapter of APCO Scholarship Application

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

Agency: \_\_\_\_\_

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

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Agency Head Contact Name: \_\_\_\_\_

Agency Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Fall Conference Registration and Lodging

VA APCO Instructional Scholarship

VA APCO Professional Development Scholarship \_\_\_\_\_ RPL \_\_\_\_\_ CPE

If Instructional Scholarship, please list which APCO Course you are requesting:

Course: \_\_\_\_\_ Cost: \_\_\_\_\_

Briefly explain why this course or conference would help benefit your professional development (use additional sheet if needed):

**See Back Page for Additional**

**Briefly explain why we should choose you to attend this course or conference (use additional sheet if needed):**

**Additional Conditions**

- Please include a letter of support from your Training Coordinator, Training Manager, or ECC Director/Manager, showing that they understand the commitment to the training if you are selected.
- Funds cannot be used for lodging, meals, or travel and are at the expense of the Agency. CPE Funds shall not cover the cost of lodging, travel, meals, and other incidentals for the Capstone. CPE Funds can be used for the registration costs only.
- Those selected and/or their agency will be required to reimburse the VA APCO Chapter if they do not successfully complete the course. Agencies will be contacted for students not completing the course and it is up to the agency to determine an agreement regarding the reimbursement of costs prior to the student accepting the scholarship funds.
- Scholarship winners that leave an agency prior to completing the training, that do not remain at another center within Virginia may be asked to reimburse VA APCO for the funds. VA APCO shall consider circumstances such as military moves/orders, and extenuating circumstances.
- Award winners must be a member of the VA APCO Chapter at the time of the award, with either a group membership or individual membership.

Signature of Agency Representative: \_\_\_\_\_

Signature of Scholarship Applicant: \_\_\_\_\_