

# Oklahoma Chapter of APCO

## 2026 Scholarship Application

1. DEADLINE for scholarship application is May 31, 2026.
2. Type or print legibly in blue or black ink. Illegible applications will be returned.
3. If you have any questions about the application, please email your Oklahoma Chapter APCO representative located at <https://www.okapco.org/about/oklahoma-chapter-officers/>

1. \_\_\_\_\_  
First Name Last Name

2. \_\_\_\_\_ 3. \_\_\_\_\_  
APCO Membership Number Years of Membership

4. \_\_\_\_\_  
Agency

5. \_\_\_\_\_  
Title/Position with Agency

6. \_\_\_\_\_ 7. \_\_\_\_\_  
Years in Current Position Years in Service (Total)

8. \_\_\_\_\_  
Mailing (Street) Address

\_\_\_\_\_

City

State

Zip

9. \_\_\_\_\_ 10. \_\_\_\_\_  
Primary Phone Number Alternate Phone Number

11. \_\_\_\_\_  
Email Address

12. **Which APCO course are you most interested in attending?**  
A full list of courses may be found at <https://www.apcointl.org/training/courses/catalog/>

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13. **How do you plan to attend this course?** (select one)

Online

Classroom

**14. Describe how the course you selected will influence you as a 9-1-1 professional.**

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**15. Describe how the course you selected will help you to make contributions to the Oklahoma Chapter of APCO and the members.**

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**16. What are your future career goals after completing this course?**

**17. List at least three (3) professional references:**

\_\_\_\_\_  
Name of Reference 1

\_\_\_\_\_  
Name of Reference 2

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Professional Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

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Name of Reference 3

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Name of Reference 4

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Professional Title

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Professional Title

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Phone Number

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Phone Number

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Email

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Email

**18. Please provide a current resume which includes experience and positions held on the state or national level with APCO, training and certifications, and any other positions held on committees or professional associations at the local, state, or national level.**

**19. Circle and provide the following information.**

Have you completed other APCO courses? Yes No

If yes, please list course(s) completed:

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Do you meet all prerequisites required to complete the APCO course selected? Yes No

Do you have support from your agency to apply for this scholarship? Yes No

Do you have support from your agency to complete the course selected? Yes No

Will you be able to dedicate the time required to complete the course selected? Yes No

Do you have a planned date to complete the course you selected? Yes No

\_\_\_\_\_ Initial

I understand I have one (1) year to complete the application, attend the course and complete the exam (if applicable) and will be responsible for maintaining monthly contact with the assigned OKAPCO regional representative regarding my status of the course progress. If I do not complete the entire process within one (1) year, I must reapply for the scholarship.

\_\_\_\_\_ Initial

I understand the Oklahoma Chapter of APCO will pay the cost of the course fee only. Any costs associated with APCO membership dues, study materials, travel, meals, and/or incidentals are the responsibility of the scholarship recipient.

\_\_\_\_\_ Initial

I understand the Oklahoma Chapter of APCO may request additional documentation and/or clarification with my scholarship application.

\_\_\_\_\_ Initial

I have my agency's support and approval to complete the course, although it is not required.

\_\_\_\_\_ Agency Supervisor & Title (Not Required)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Agency Supervisor (Not Required)

\_\_\_\_\_ Printed Name of Applicant

\_\_\_\_\_ Date

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

Please submit the completed application to [president@okapco.org](mailto:president@okapco.org)