INTERNATIONAL ASSOCIATION for PROPERTY and EVIDENCE, Inc.

IAPE SCHOLARSHIP APPLICATION

7474 Figueroa Street • Suite 125 • Los Angeles, California 90041
Tel. 1-800-449-4273 • Fax 1-818-846-4543 • www.iape.org

Name of Agency: ____________________________________________________________
Address of Agency: __________________________________________________________
Street: ______________________________________ City: __________________________ State / Zip: _______________________
Total number of sworn employees: _______ Total number of civilian employees: _______
Total number of Property Officers: _______ Property Officers: Sworn: _______ Civilian: _______
Total budget last Fiscal Year: $ _______ Training allocation last Fiscal Year: $ _______

Name of Applicant: ____________________________________________________________
Please print legibly: first ______ middle ______ last ______
Signature of Applicant: _______________________________________________________
Applicant’s E-Mail: __________________ Phone: ( ___ ) ____________
Request for Tuition Waiver to which IAPE Property and Evidence Class OR for On-Line Video Course?

☑ Class Location: ___________________________ Date: ______________
City: ___________________ State: ______________

☑ On-Line Video - Full Management Course

Has a prior Tuition Waiver request been made? ☐ Yes ☐ No
If “Yes”, when? Date: __________

Please provide a brief explanation of why the IAPE Membership Application fee for this individual should be waived, or why a Tuition Scholarship to attend the Property and Evidence Management Class for this individual is needed. (Copy this page and continue on reverse if necessary.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Signature of Agency Head or Designee: ______________________________________________________
Please print legibly: Full Name: _____________________________________________
Title: _____________________________________________
Contact information: E-Mail: __________________ Phone: ( ___ ) ____________

IAPE TO PROVIDE SCHOLARSHIPS TO NEEDY EVIDENCE PROFESSIONALS

IAPE has a history of providing assistance to evidence professionals in time of need. The IAPE Board of Directors provides a limited number of scholarships at each class for those evidence professionals who can justify a waiver. If you know someone from an agency who is unable to fund the training, have them complete this form. All applications will be subjectively reviewed by the IAPE Scholarship Committee to access the level of need.