



RECOMMENDATION FOR ATAP CONFERENCE ASSISTANCE SCHOLARSHIP

Applicant Name:

Last Name:

First Name:

Title:

SCHOLARSHIP APPLYING FOR:

Spring Regional Conference

March 21-22, 2017

Orlando, Florida

Deadline: Feb 28, 2017

National Threat Management Conference

August 15-18, 2017

Anaheim California

Deadline: July 1, 2017

This portion to be completed by the recommender and returned to the applicant:

The ATAP conference scholarship procedure requires the applicant to gather individual recommendations to submit with their application materials. An advantage of this system is that the applicant knows the application materials are complete when submitted. After completing this form, please return it directly to the applicant who will include it with their application. Thank you for supporting the ATAP Conference Scholarship!

How long have you known the applicant? _____

In what capacity? _____

Please evaluate the applicant by placing a check in the appropriate box. If you lack the knowledge to make a definite rating, please check "N/A". Comments may be added by attaching a separate sheet of paper to this form.

1) This applicant is dedicated to the LE profession.

YES **NO** **N/A**

2) This applicant will benefit professionally by attending the ATAP conference.

YES **NO** **N/A**

3) Attendance at the annual conference will benefit not only the applicant, but his/her community as well.

YES **NO** **N/A**

4) I recommend this applicant receive a conference assistance scholarship.

YES **NO** **N/A**

Recommended By:

Signature _____ Date _____

Name _____ Position _____

Jurisdiction _____ Position _____

Email _____ Phone (w) _____