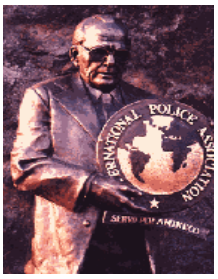
International Police Association

Professional Commission



Arthur Troop Scholarship

APPLICATION FORM ~ 2018~

First name:		Last name:	
Gender: ☐ Female ☐ Male		Date of Birth:	
Section:			
Membership number:		Member since (year):	
Email:			
Postal address:			
Country:			

Estimated budget in Euros:

Travel expenses:	
Seminar/Conference fee:	
Additional expenses:	
Total Budget:	

IBZ-Gimborn

Partner Organisations

Police Placement Program

INTERNATIONAL ASSOCIATION of WOMEN POLICE

CEPOL European Police College

Seminar/Conference of choice:

Motivation to choice of seminar/conference:

Motivation professional use:

Motivation IPA benefit:

I declare that I have read and agree to the rules of the Arthur Troop Scholarship Procedure.

Date:		Location:	

Signature: _____

To be completed by the Secretary General of the National Section

Secretary General Section:	
I declare that the above IPA member has been a member since (year):	

Date:		Location:	

Name Secretary General: Signature:

	_____
Email:	