Novak Scholarship Program

offered by the

ILLINOIS ASSOCIATION OF CHIEFS OF POLICE

to attend

The School of Police Staff and Command, Northwestern University Center for Public Safety

JACOB J. NOVAK SCHOLARSHIP APPLICATION

The policy of the Illinois Association of Chiefs of Police is to provide administrative staff and command training to interested and qualified police departments and their personnel who, due to limited local resources, are unable to acquire such training, through the Jacob J. Novak Scholarship.

The Jacob J. Novak Scholarship of the Illinois Association of Chiefs of Police is dedicated to the enhancement of the law enforcement profession within the State of Illinois. This award is so named in honor of the first Executive Secretary-Treasurer of the Association and former Chief of the North Chicago Police Department.

The scholarship shall provide the funding necessary to cover expenses of tuition, study materials, food, and lodging for candidates selected to attend the 10-week School of Police Staff and Command of Northwestern University's Center for Public Safety in Evanston, Illinois.

The Institute, in cooperation with the Association, will contribute one-half of the tuition and study material costs normally charged for this program. The scholarship must be used by December 31 following the year the scholarship was awarded. [10/24]

As chief, I nominate the following candidate for the Jacob J. Novak Scholarship:

CANDIDATE'S PERSONAL DATA			
Last Name First Middle	Rank		
Department Address, County	Office Phone		
City State Zip Code	Social Security Number		
Home Address	Home Phone		
City State Zip Code	Date of Birth		

As a requisite for this candidate being considered for this scholarship, I provide the following information:

CANDIDATE'S LAW ENFORCEMEN	T OR	PRC	FESSION	NAL E	XPERIENCE
Name and Address of Agency	Dates	s of En	ployment		Rank or Position (Brief summary of duties)
1.					(Brief summary of duties)
2.					
3.					
4.					
CANDIDATE'S LAW ENFORCEMEN					
Do not include basic police school or in-serv Name of School/Course Title	ice training	which	all of your cand		ularly repeat each year. Date Completed
Name of School/Course Title			Number of floo	urs	Date Completed
Kinds of licenses or certificates (for example, psychologist, public accountant, social workers)		alcoh	ol, polygrap	oh, medi	ical, nurse, pharmacy,
CANDIDATE'S EDUCATION					
HIGH SCHOOL	GED RECEIVED GED CERTIFICATE? YES / NO			COLLEGE – UNIVERSITY Circle No. Years Completed:	
Circle No. Years Completed:			E?	0.1.2.3	3 4 5 6 7 8
0 1 2 3 4 GRADUATED? YES / NO	TES/NO		GRADUATED? YES / NO		
Name and City of High School Attended:				Da	te of Graduation:
If candidate did not complete high school, exp	olain bel	ow. I	f GED was	earned,	, describe where and when.
		_			

		_				
Nama of	f College or University Attended	Name of Major	Dates Attended	Degree Awarded (If none, list credit hours completed.		
Name of	College of Olliversity Attended	Name of Major	Dates Attended	(11 none, list credit nours completed.		
~						
	DIDATE'S SPECIAL QUA					
	pertinent information, such as volunt es, publications, and membership in p					
process.	es, publications, and membership in p	ororessional organiz	ations, etc., which meri	t consideration during the selection		
All can	didates must satisfy the requireme	ents listed below t	to be eligible for selec	ction. A request for a waiver must		
	pany this application if any require		to be engine for sere	stion. It request for a warrer must		
	Full-time employee on active duty					
	1 1 5					
	this application.					
CANI		ION EOD TII	E NWIICDO CO	HOOL OF BOLLCE STAFE		
CANDIDATE'S CERTIFICATION FOR THE NWUCPS, SCHOOL OF POLICE STAFF						
AND COMMAND I certify that all the information provided in this application is true, complete, and correct to the						
best of my knowledge and belief. I am a full-time employee on active duty with my department.						
Following graduation from this program, I agree to work for my department for a minimum of						
three years. I have no physical restrictions that will interfere with my completion of this						
progra	* *			, 1		
Signature	of Applicant:		Date:			

CHIEF'S STATEMENTS				
department, for the Jac e supervisory, managerial a leave of absence (or e	ob J. Novak Scholarship l or administrative position quivalent temporary statu Police Staff and Comman	vorn and currently active b. The officer is in, or bein on and, if selected for this as) on full salary for the 1	officer in my ng considered for, a award, will be granted 0-week period while	
1) I cannot use convention	nal funding sources to pay f	for this candidate to attend t	his program because:	
2) The candidate's gradua	ntion from this program wou	ıld benefit my department i	n the following ways:	
2) The canadate 5 gradue	aron from and program wot	and benefit my department i	if the following ways.	
3) Upon successful graduation from this program, I intend to use this candidate's new knowledge and skills specifically to:				
	ars, the following current end time commitment similar			
Employee's Name:	Course Title:	Location:	Weeks in Length & Dates:	
rvaine.	Title.	Location.	Length & Dates.	
5) Annual police agency budget for the last three years (total):				
6) Annual training budget	for the last years:			
	1	1' 1)		
7) Current sworn and civilian strength (broken down accordingly):				
Sworn:		Civilian:		

I also understand it is the Association's intention to fund a qualified candidate to attend the School of Police Staff and Command scheduled to commence on or about April 1 and October 1 of each year. Requisite information including the nominee's resume shall be submitted to the Association's Scholarship Subcommittee not later than November 15th for the April program, nor April 15th for the October program year period upon receipt of a letter from the nominating Chief requesting such future consideration.

Program Preferred:	October, 20

CHIEF'S RECOMMENDATION				
I have examined this application, verify that it is made in good faith, and recommend the				
candidate for scholarshi	candidate for scholarship.			
Signature	Position	Date	Chief's phone # w/area code	

INSTRUCTIONS

- 1. Complete on computer, if possible. Otherwise, print clearly in dark ink or use a typewriter. If extra space is needed, attach additional sheets.
- 2. All dates must be furnished in detail as requested. The information you give will be used to determine your qualifications as a candidate.
- 3. If an item does not apply, write in the letters "N.A." for Not Applicable.
- 4. This form must be completed by the candidate and the chief.
- 5. A final decision will be reported to the chief in writing by the Executive Director of the Illinois Association of Chiefs of Police or the Chairman of the ILACP Education and Programs Committee.

All correspondence relating to the scholarship application should be mailed to:

The Executive Director Illinois Association of Chiefs of Police 426 South Fifth Street Springfield, IL 62701-1824

Phone 217/523-3765 Fax 217/523-8352 (website) www.ilchiefs.org (email) iacp@ilchiefs.org