

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 the expenses of tuition 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. [1/19]

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. [10/25]

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 ENFORCEMENT OR PROFESSIONAL EXPERIENCE		
Name and Address of Agency	Dates of Employment	Rank or Position (Brief summary of duties)
1.		
2.		
3.		
4.		
CANDIDATE'S LAW ENFORCEMENT TRAINING		
Do not include basic police school or in-service training which all of your candidates regularly repeat each year.		
Name of School/Course Title	Number of Hours	Date Completed
Kinds of licenses or certificates (for example, breath alcohol, polygraph, medical, nurse, pharmacy, psychologist, public accountant, social worker, etc.)		
CANDIDATE'S EDUCATION		
<u>HIGH SCHOOL</u> Circle No. Years Completed: 0 1 2 3 4 GRADUATED? YES / NO	<u>GED</u> RECEIVED GED CERTIFICATE? YES / NO	<u>COLLEGE – UNIVERSITY</u> Circle No. Years Completed: 0 1 2 3 4 5 6 7 8 GRADUATED? YES / NO
Name and City of High School Attended:		Date of Graduation:
If candidate did not complete high school, explain below. If GED was earned, describe where and when.		

Name of College or University Attended	Name of Major	Dates Attended	Degree Awarded (If none, list credit hours completed.)
CANDIDATE'S SPECIAL QUALIFICATIONS OR SKILLS			
Indicate pertinent information, such as volunteer activities, special skills, courses taught, knowledge of computers or foreign languages, publications, and membership in professional organizations, etc., which merit consideration during the selection process.			
<p>All candidates must satisfy the requirements listed below to be eligible for selection. A request for a waiver must accompany this application if any requirement is not met.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full-time employee on active duty with an Illinois law enforcement agency. <input type="checkbox"/> Agrees to remain with agency following graduation for minimum of three years. <input type="checkbox"/> No physical restriction to interfere with completion of program. <input type="checkbox"/> Application fully completed (do not omit any part; attach additional sheets, if necessary; type or print). <input type="checkbox"/> Resume, including summary of past and present police assignments, date of appointment and promotions, is attached to this application. 			
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 program.			
Signature of Applicant:		Date:	

CHIEF'S STATEMENTS

As a Chief of an established Illinois law enforcement agency, I hereby nominate _____, a sworn and currently active officer in my department, for the **Jacob J. Novak Scholarship**. The officer is in, or being considered for, a supervisory, managerial or administrative position and, if selected for this award, will be granted a leave of absence (or equivalent temporary status) on full salary for the 10-week period while attending the School of Police Staff and Command program conducted by the Center for Public Safety, Northwestern University.

1) I cannot use conventional funding sources to pay for this candidate to attend this program because:

2) The candidate's graduation from this program would benefit my department in the following ways:

3) Upon successful graduation from this program, I intend to use this candidate's new knowledge and skills specifically to:

4) Within the past five years, the following current employees in my department have completed courses or programs of content and time commitment similar to and including the School of Police Staff and Command:

Employee's Name:	Course Title:	Location:	Weeks in Length & Dates:

5) Annual police agency budget for the last three years (total):

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6) Annual training budget for the last years:

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7) Current sworn and civilian strength (broken down accordingly):

Sworn:	Civilian:
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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: April, 20__ October, 20__

CHIEF'S RECOMMENDATION

I have examined this application, verify that it is made in good faith, and recommend the 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**

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Fax 217/523-8352
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(email) iacp@ilchiefs.org