



## APPLICATION

2024 ATC Great Falls

2024 ITC Las Vegas

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_, \_\_\_\_\_ \_\_\_\_\_

Member of IAAI:    Yes    No

Member #: \_\_\_\_\_

IAAI Montana Chapter Member:    Yes    No

IAAI Certifications: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Years in position: \_\_\_\_\_                      Full-Time    Part-Time    Volunteer

Signature: \_\_\_\_\_                                      Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_                                      Date: \_\_\_\_\_

Required Attachments:

1. A typed brief explanation of why you are applying for this scholarship and how it will benefit your career in the field of fire & arson investigation.
2. Supervisor's statement regarding training and financial needs.