

INTERNATIONAL POLICE ASSOCIATION

Professional Commission



Arthur Troop Scholarship

APPLICATION FORM 2020

		Applicant Number:			
Name:			Surname:		
Gender:	Female	Male	ſ	Date of Birth:	
Section:					
Members	hip Number:		Member sin	nce (year):	
Serving La	w Officer 2020:	Role in Law Ent	forcement:		
Email address:					
Postal address:					
Country:					
<u>Estimated</u>	l budget in Euros:				
Travel expenses:					
Seminar /	Conference fee:				
Additiona	l expenses:				
Accommo	dation:				

Partner Organisations





IBZ Gimborn

Seminar / Conference of choice: Name of institution:

Reason for your choice of seminar / conference:

Benefit of chosen seminar to your professional role:

Benefit of chosen seminar to IPA:

I certify that I have read the rules of the ATS and I agree to abide by them:

Date:

Name:

To be completed by the Secretary General of the national section:

Secretary General Section:						
I certify that the above-nam	ed person has been an IPA member since (year):				
Name Secretary General:						
Email Secretary General:						
Date:	Name:					
Partner Organisations						
	14					

Symposium

The Stockholm Criminology

