

## **APPLICATION FOR SCHOLARSHIP**

NAME:	DATE:
ADDRESS:	
HOME PHONE:	CELL PHONE:
DATE OF BIRTH:	E-MAIL:
FATHER'S NAME:	OCCUPATION:
MOTHER'S NAME:	OCCUPATION:
SIBLINGS/AGES:	
SIBLINGS IN SCHOOL/COLLEGE:	
APPLICANT'S EMPLOYER:	POSITION:
ADDRESS:	HOURS/WEEK:
ANTICIPATED MAJOR:	
LIST COLLEGES/UNIVERSITIES YOU'RE	APPLYING TO OR PLAN TO ATTEND AND THEIR ANNUAL COSTS:
(1)	
(2)	
-	J CAN ANTICIPATE FROM YOUR FAMILY:
OTHER FINANCIAL AID/SCHOLARSHIPS	RECEIVED:
NAME OF HIGH SCHOOL:	GRADUATION DATE:
STUDENT'S SIGNATURE:	
PARENT'S SIGNATURE:	
Each applicant must complete the ab-	ove questionnaire and submit the following:
☐ Copy of High School Transcript	•
☐ Documented confirmation of	your SAT scores. (If Available)
$\square$ One written recommendation from a High School teacher or guidance counselor.	
	ords, describing your goals and ambitions in the criminal justice field profession. Include information about your hobbies, community other achievements.