

APPLICATION FOR MISSOURI SHERIFFS' ASSOCIATION SCHOLARSHIP



For Criminal Justice Majors Only.

Return to Sheriff Stuart Miller, Audrain County Sheriff's Office, 1100 Littleby Rd., Mexico, MO 65265. Please enter information in spaces provided. Please type or print in ink. **Applications must be received no later than January 31, 2016.**

PERSONAL INFORMATION

Name _____
Last First Middle

Home Address _____
Street City State Zip

County _____ Social Security Number _____

Phone Number _____ Email _____

Name of Parent(s) or Guardian(s) _____

Parents Employer _____
Father Mother

Are you related to any Missouri Sheriff or Missouri Sheriffs' Association employee? Yes _____ No _____

If yes, to whom and how are you related? _____

I have made application to enroll at _____

Date you expect to enter (month/year) _____

What type of education or field of training do you plan to pursue _____

Please attach a short paragraph in which you describe what you expect to be doing in your career ten years from now.

EXTRA CURRICULARS

In what type of extra-curricular activities have you participated in high school? _____

What work experience have you had? _____

What are your hobbies? _____

What is the extent of your participation in out-of-school activities? _____

Why do you want to continue your education beyond high school? _____

What have you done and what are your future plans in the way of self support? _____

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FINANCIAL INFORMATION

List other scholarships for which you have made application _____

List scholarships which you have received _____

Applicant Signature

The following statements are submitted for the confidential use of the committee in determining need and should be filled out by the parent/guardian.

A. Annual family income (Gross, for tax purposes)

(Less than \$10,000) (\$10,000-\$14,999) (\$15,000-\$19,999)
(\$20,000-\$24,999) (\$25,000-\$29,999) (\$30,000+)

B Have you filed the BEOG (Basic Education Opportunity Grant, or FAFSA (Free Application for Federal Student Aid)?

Yes _____ No _____

C. State any conditions involving expenses or possible hardships in which the committee should take into consideration

Parent/Guardian Signature

COUNSELOR'S CERTIFICATE

Student's G.P.A. (On a 4 point scale)

Student's Class Ranking (i.e. 50th out of 100)

ACT/SAT Composite

Do you believe the educational plans of the candidate are realistic? _____

Statement or recommendation of counselor _____

I have read the above statements made by the applicant in his/her formal application for the scholarship and certify they are correct to the best of my knowledge and belief.

Counselor Name (please print)

School

Counselor Signature

School Address

Date

School/Guidance Counselor Phone Number