

# 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, 2015.**

## 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? \_\_\_\_\_

# APPLICATION FOR MISSOURI SHERIFFS' ASSOCIATION SCHOLARSHIP

Page 2

## 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