



**Tampa Bay Area Chiefs of
Police Association Criminal
Justice Scholarship Program**

ALL APPLICATIONS MUST BE RECEIVED BY JUNE 23, 2014

1. Name: _____
First Middle Last

2. Permanent Address: _____
Street

City State Zip Code

Telephone Number: () _____

3. Parent(s) Guardian(s) Name, Address:

First Middle Last

Street City State Zip Code

Telephone Number: () _____

4. Name and Address of the College, University, School or Program you will be attending:

5. Have you been accepted { } Yes { } No. If Yes, please include a copy of your acceptance letter. If No, please indicate the anticipated date acceptance letters will be mailed by the institution.

6. Date of Admission: _____ Full Time? { } Yes { } No

7. Name and Relationship to Tampa Bay Area Chiefs Association Member:

Name: _____ Relationship: _____

8. Have you received a Scholarship from the Tampa Bay Area Chiefs of Police Association Previously? { }Yes { }No. If Yes, When? _____

9. Give the Names, Addresses, and Telephone Numbers of two references (no family members) who can attest to your personal character. Have each include a Letter of Reference as outlined in the instructions.

1) _____

2) _____

10. List your extracurricular activities and describe your level of involvement in each. (Do not duplicate activities on 10, 11, 13, list where most appropriate).

11. List your academic honors and other school related achievements including scholarships. (Do not duplicate activities on 10, 11, 13, list where most appropriate).

12. Attach a copy of your official school transcript.

13. List patriotic, community, or church activities, you are or have been involved with. (Do not duplicate activities on 10, 11, 13, list where most appropriate).

14. Describe in 250 words or less your personal and career goals.

15. Scholarship awards are based upon your merit as determined by the Scholarship Committee after review of your application and your achievement, character, personal, career goals, extracurricular activities, and service to your school and community. Please state in 400 words or less why you believe you qualify for this award.

16. **Only complete applications will be accepted.**



Applicant Signature

Date

TBACPA Members Signature

Date

ALL COMPLETED APPLICATIONS MUST BE RECEIVED BY JUNE 23, 2014