



Application for Florida Sheriffs Association College Scholarship

Today's Date: _____ Your email address: _____

Name _____ Nickname _____

Mailing Address _____

City _____ State _____ Zip _____

Home phone () _____ Cell () _____

Current year of study (H.S. or College) _____ GPA _____

Date of Birth (month/day/year) _____

Name of both parents and/or Legal Guardian(s): _____

Since at least one of the applicant's parents or guardians must be a full-time, paid (sworn or civilian) employee of a sheriff's office in Florida, it is my "Mother" "Father" "Legal Guardian (*select one*) who is employed at the:

Sheriff's Office in _____ County

Parent/Legal Guardian's Name _____

Position held _____

My intended career path after college is*

LAW ENFORCEMENT _____ CORRECTIONS _____

OTHER CRIMINAL JUSTICE RELATED _____

*To be eligible, applicants must plan to pursue a Criminal Justice related career.

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What experience, if any, have you had related to law enforcement, corrections, or the courts?
Give details, including dates, locations, and duties.

I have been active in the following school and/or community organizations:

List any leadership positions you have held in school and/or community organizations,
and which of those positions you now hold:

List all awards or commendations you have received, the sponsoring organizations,
the reason you won, and date of award:

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Name of community college, college or university you will be attending in the coming school year:
(Please note, it must be regionally accredited, e.g. by the “Southern Association of Colleges & Schools”)

City _____ State _____

Which specific degree or certification will you be working toward?

EXTENUATING CIRCUMSTANCES

If there are extenuating family circumstances (financial, guardianship, etc.) that should be brought to the attention of the screening committee, please explain:

ATTACHMENTS

1. A copy of your most recent transcript (high school or college).
2. An original essay of at least 500 words on current topic listed on FSA Scholarship page: https://www.flsheriffs.org/our_program/scholarships/
3. Three letters of recommendation, including at least one from: a school or community official, and a law enforcement or corrections official (not a parent or family member). These letters should specifically address your qualifications for this scholarship.

APPLICANT'S OATH & APPROVALS

Applicant's Oath

As an applicant for an FSA Scholarship, I hereby certify that:

1. I am presently in good health and know of no physical or psychological limitation I have that would prevent my full participation in a law-enforcement, corrections or other criminal justice-related career.
2. I know of no reason why the school or college listed above would not accept me as a full-time student in the coming school year.
3. I certify the accuracy and truthfulness of the facts contained in this application.
4. I understand that this scholarship is a one-time award that is limited to \$1,000, and should I win the award, that **the check will be made payable only to the regionally accredited college or university of my choosing**, and placed in an account bearing my name. I further understand that I will be allowed to draw against that account for full-time tuition and book expenses only, until the account balance is exhausted.
5. I understand that funding beyond this \$1,000 award is not expressed, implied or expected, and that all unused scholarship money which remain on account for me in an "inactive" status for 12 months or more, will revert back to the Florida Sheriffs Association.
6. I understand that the balance of my college expenses (tuition, books, lodging, etc.) above the sum of \$1,000 is my responsibility, and not the responsibility of the Florida Sheriffs Association.

Signature

Date

Parent/Guardian Approval and Waiver

I, _____, as parent or legal guardian of the applicant named herein, approve of my dependent son or daughter's application for a Florida Sheriffs Association Scholarship. In consideration of the benefits derived from this award, I agree that if my child should be awarded a scholarship, I hereby voluntarily waive any claim against the Florida Sheriffs Association, its officers, members or directors, or any of its subsidiaries, for any and all causes that may arise as a result of being awarded this scholarship.

I CERTIFY that I am a full-time (civilian or sworn), paid employee of the sheriff's office in _____ County, holding the position of _____.

FURTHER, I CERTIFY that my son or daughter plans to attend a regionally accredited community college, college or university, in the coming school year, and that, thereafter, (s)he plans to pursue a career in law enforcement, corrections, or a related criminal justice field.

Signature

Date

Printed Name

Daytime Phone Number (with area code)

Cell Phone (with area code)

****DEADLINE** - This application must be completed and received at the Florida Sheriffs Association headquarters **no later** than deadline posted at: https://www.flsheriffs.org/our_program/scholarships/. Scholarship winners will be notified shortly thereafter. If you have any questions, please call Patti Brigrance of FSA staff at (850) 877-2165. Return completed applications to:

Florida Sheriffs Association
ATTN: Scholarship Committee
Post Office Box 12519
Tallahassee, Florida 32317-2519

Or Fax to (850) 878-5115