March 2, 2020

TO: ALL SHERIFFS
FROM: STEVE CASEY, EXECUTIVE DIRECTOR
RE: 2020 FSA/MOTOROLA SOLUTIONS FOUNDATION STEM SCHOLARSHIP

The Florida Sheriffs Association has again received a generous donation from the Motorola Solutions Foundation to create a STEM Scholarship for students pursuing a career in a STEM-related field. We will be awarding ten (10) $2,000 scholarships.

In general terms, interested applicants must:

1. Be a son or daughter of any full-time sheriff's office employee
2. Be attending a college or community college that is regionally accredited (i.e. the Southern Association of Colleges and Schools), and be enrolled in a degree-seeking program, in the school term beginning in the Fall, 2020;
3. Certify within the application that they are planning a career in a STEM related field (Science, Technology, Engineering, or Math)

PLEASE NOTE that the application is (5) five pages long. I recommend that you keep a master copy of the application in your office or another central location, and post copies of the notice we have included on bulletin boards stationed throughout your agency. Then, interested parties can secure an application from that central location or from our website, www.flsheriffs.org.

We will be sending the scholarship recipients a certificate to the Sheriff’s office for presentation by the Sheriff. Please provide us with a picture of this presentation for our website and “The Sheriff’s Star” magazine.

If you have any questions, call Patti Brigance of FSA staff at (850) 877-2165.

SC/pb

attachments: 1. NOTICE FOR POSTING AROUND YOUR AGENCY
2. ONE COMPLETE SET OF BLANK APPLICATION FORMS
APPLICATION FOR
FSA/MOTOROLA SOLUTIONS FOUNDATION COLLEGE
SCHOLARSHIP

For the school year beginning in the Fall, 2020

PLEASE PRINT

Name________________________________ Nickname________________________________________
Mailing Address________________________________________ IN FALL, 2020 ___ Freshman ___ Sophomore
City__________________________________                          ___ Junior       ___ Senior
State_____________ Zip_________________ E-mail _________________________________
Home phone (    )________________________            Male                 Female                 
Date of Birth_______________________ THIS YEAR: Class rank ___________________

Father's name ______________________         Class size ____________________________
Mother's name ______________________           GPA ____________________________

(Feel Free to Use Additional Sheets, If Necessary)

At least one of the applicant's parents must be a full-time, paid (sworn or civilian) employee of a
sheriff's office in Florida. My   Mother / Father (circle one) is employed at the:

Sheriffs Office in _____________________________ County
Parent Name ______________________________________
Position held ______________________________________

My intended career path after college is*

SCIENCE________________________ TECHNOLOGY__________________________
ENGINEERING____________________   MATH______________________________
What are your career goals for the next five to ten years?

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

List any school and/or community organizations in which you have been active.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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 for your winning, and date of award:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Name and address of community college, college, or university you will be attending in the Fall, 2020: (Must be regionally accredited, e.g. by the “Southern Association of Colleges & Schools”)

School ________________________________

Address ________________________________

City ________________________________ State, Zip ________________________________

Which specific degree or certification will you be working towards?

________________________________________________________________________

________________________________________________________________________

EXTENUATING CIRCUMSTANCES

If there are extenuating family circumstances that should be brought to the attention of the screening committee, please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ATTACHMENTS

1. A copy of your most recent transcript (H.S. or college),

2. An original essay of at least 500 words (with word count) on “What attracted you to your intended STEM field of study and what are your professional goals?”.

3. Two letters of recommendation, to include at least one from a school teacher/professor. These letters should specifically address your qualifications for this scholarship.

4. A high-resolution color photo (head & shoulder shot) for use in promotional publications.
APPLICANT’S OATH & APPROVALS

Applicant's Oath

AS AN APPLICANT FOR AN FSA/MOTOROLA SOLUTIONS FOUNDATION 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 STEM related career.

2. I know of no reason the school or college listed above would not accept me as a full-time student in the Fall, 2020.

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 $2,000, 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 $2,000 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 $2,000 are my responsibility, and not the responsibility of the Florida Sheriffs Association or the Motorola Solutions Foundation.

______________________________________     ______________________
Signature                                     Date

Ethnicity

____African-American/African-Canadian
____Asian or Pacific Islander
____Caucasian
____Multi-ethnicity
____Hispanic
____Native American/Aboriginal Peoples
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 FSA/Motorola Solutions Foundation 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 fall of this year, and that, thereafter, (s)he plans to pursue a career in a STEM related field.

______________________________________     ______________________
Signature                                     Date

______________________________________
Printed Name

______________________________________
Daytime Phone Number

**DEADLINE** - This application must be completed and received at the Florida Sheriffs Association headquarters **NO LATER** than April 10, 2020. Scholarship winners will be notified shortly thereafter. If you have any questions, please call Patti Brigance of FSA staff at (850) 877-2165. Mail completed applications to:

Florida Sheriffs Association
ATTN: Scholarship Committee
2617 Mahan Drive
Tallahassee, Florida 32308
Florida Sheriffs Association
PHOTO RELEASE CONSENT

I, ______________________________,  
(Name)

hereby grant the Florida Sheriffs Association permission to use photos of me in the event I am chosen as a recipient of one of their scholarships for use in promotional materials, including but not limited to website www.flsheriffs.org, in news releases, on social media networks including http://www.facebook.com/floridasheriffsassociation, and in any other promotional materials they so choose. I waive the right to inspect or approve the finished product.

I agree to hold the Florida Sheriffs Association and its employees, contractors, agents, and representatives harmless from any liability to others from the use of anything I may say or do during said photography.

Print Name: ________________________________  
______________________________
Signature of participant or guardian if participant is under the age of 18.   Date