**Florida Sheriff's Explorers Association**

**Scholarship Application**

 **Eligibility Requirements**

The nominee must:

1. Have a desire to continue his/her education in college or Certified Trade School.
2. Be a registered, active Explorer in good standing, of a chartered Sheriff's Explorer unit.
3. Be a member of the Florida Sheriff's Explorer Association for one (1) year or more.
4. Turn in your **completed application** before the strike of the gavel at the December Delegate meeting.
5. Be present at the March Delegate for an oral interview or notify a member of the scholarship committee if you cannot be present, in advance of the June meeting.

6 The Nominee must submit to the scholarship committee no later than December 31 of the year selected, appropriate documentation of registration in college, such as a letter of acceptance, etc. Failure to comply will result in the nominee forfeiting the scholarship and funds available for this award.

7. The recipients Senior Advisor must provide the Chairman of the scholarship committee with the student identification number, school name and address by July 1 of the year the scholarship is awarded.

NOTE: The F.S.E.A. scholarship must be presented to a high school senior or college student and not to any person over 21 years of age.

Form Instructions:

The Applicant should sign and date the application and submit it to the sponsoring post for their signature.

Attach the required documents and submit to the selection committee. Application must be typed or printed in black ink.

# **Personal Data**

Nominee’s Name

Address

 (Street or P.O. Box) (Apt.#)

 (City) (State) (Zip)

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

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Full name of Sponsoring Department

Post Name and Number

Address

 (Street or P.O. Box) (Apt.#)

 (City) (State) (Zip)

Senior Advisor’s Name and Rank

**Part I - Academic Data**

Current Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade Point Average \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In Upper \_\_\_\_\_\_\_\_\_% of class

The following is an outline to be used in preparing your application.

# **Part II - Leadership Experience**

List those experiences in which you have demonstrated your leadership abilities. List position held, length of office or responsibility and any significant accomplishments during that term.

**1. Exploring**

Position Term Accomplishments

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 (If additional space needed, attach a separate sheet)

 **2. School/Church Community**

Position Term Accomplishments

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# **Part III - Awards/Recognitions**

List those recognitions you have received which were a result of your assistance or direct leadership.

1. **Exploring**

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1. **School/Church/Community**

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# **Part IV**

**Please complete:**

My career goal in life is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Tell us why you are deserving of this scholarship.

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**Part V - Attachments**

1. Items 1 - 3 are REQUIRED - no application will be accepted without them.
	1. Post Advisor (preferably Senior Advisor)
	2. School administrator, guidance counselor, or teacher
	3. Church/Community Civilian (cannot be department employee)

NOTE: Additional Letters of recommendation may be included.

1. Passport Style Photo

# Part VI - Certifications

Certification by Explorer

I certify that the foregoing facts are accurate to the best of my knowledge. If selected for this scholarship, I agree to use 100% of the awarded funds toward my college education and to use said funds within twelve (12) months after receipt of funds.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Explorer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification by Post

The above applicant is approved by Post Number \_\_\_ \_\_ as qualified for the Florida Sheriff's Explorer Association Scholarship.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SELECTION COMMITTEE APPROVAL

Date received by committee and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nomination accepted as recipient \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nomination rejected as recipient \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Chairman's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_