

MINNESOTA SHERIFFS' ASSOCIATION

100 Empire Drive Suite 222, St. Paul, MN 55103

Date:	

Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. When completed, return application to your local Sheriff's Office for their signature and submittal.

PERSONAL HISTORY

	RESID	ENCE		
Present Residence Address: (Apartment, Street, City, State, Zip Code)		Telephone Numbers: Daytime Evening		
Email Address				
List chronologically yo	our residences in the past	t 5 years.		
Dates <u>From - To</u>	Address		<u>City</u>	State/Zip
<u>-</u>				
	EI	DUCATION		
Name of School High School	<u>Location</u>	Dates <u>From-To</u>	Course/Degree 2 or 4 Yr Programs	Years Completed
College(s)		-		
Graduate School		<u>-</u>		
List awards, honors, citation received while attending so	ns, positions held in school or hool.	ganizations, athletic e	ndeavors, and any other sp	ecial recognition

List any special abilities, interests, sp	ports or nobbies.				
Cirro thugo molomore and in the	REFERI				
Give three references, inclu	de: one employer, frien	a, and other.			
Complete Name		Occupation			No. Yrs. Acq.
Address		City/State/Zip			
Daytime Phone #	(Ev) vening Phone #			
Complete Name		Occupation			No. Yrs. Acq.
Address		City/State/Zip			
() Daytime Phone #	() Evening Ph	one #		-	
Complete Name		Occupation			No. Yrs. Acq.
Address		City/State/Zip			
() Daytime Phone #	() Evening Ph	one #		-	
	MILITARY R	ECORD			
Have you ever served on active duty	in the Armed Forces of the Uni	ted States?	O Yes	O No	
Branch of Military Service Highest rank attained					
Dates of active duty: <u>from</u> /					•
Type of Discharge					
Member of Reserve or National Gua	rd? O Yes O No				
	ORGANIZATION N	MEMBERSHIP			
A. Are you now, or have you ever I If yes, list below. (Do not abbro		iety or organization?	O Yes	O No	
NAME CITY/	/CTATE D	RESENT (list position)	hold and o	vtant of a	ctivity)

STUDENT NARRATIVE & STATEMENT OF NEED What is your strongest personal characteristic? What do you consider your weakest characteristic? Any Why?
Explain your interest in becoming a Law Enforcement Officer.
How do you make decisions that may impact the lives of others around you or in your social group?
g-v-r
Describe why you are applying for this scholarship in no more than 150 words. (Use additional sheets if needed.)

Please designate the Name and Mailing Addre attending. All applications must be accomp				
CONSENT FOR RELEASE OF INFORMATION You are being asked to supply private or confidential information about yourself. The purpose of asking for this information is to assist theCounty Sheriffs' Office in determining your eligibility for this grant application. You have a right to refuse to supply this information; however, as a consequence, we may not be able to complete the review of your grant application. I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose this consent will automatically expire without my express revocation. I certify this application information is true and correct.				
Please Print Name	Applicant's Signature	Date		
County of Residence	Sheriff's Signature			