Please type or print legibly. Feel free to use reverse side of application if more room is needed.

Date: _____

Type of scholarship: ☐ General ☐ Law Enforcement ☐ Skills

Full Name: _____

Address: _____

Date of Birth: _____ Number of Siblings: _____

High School Attended: _____

Awards/Honors: _____

_____

_____

Activities/Hobbies: _____

_____

_____

Have you ever received an Olmsted County Deputy Sheriff's Association scholarship before:
☐ Yes ☐ No If yes, amount: $_____ School year: _____

Are you the recipient of any scholarships? ☐ Yes ☐ No
If yes, amount: $_____ Source: _____

_____

Are you receiving financial aid, grants or student loans? ☐ Yes ☐ No
If yes, amount: $_____ Source: _____

_____

How will you or do you plan to pay for school: _____

_____

_____

What college will you be attending? _____

What is your major? _____

What is your exposure or experience in your major? _____

_____

_____

_____

Describe your goals: _____

_____

_____

_____

Father's information:

Full name: _____

Address: _____

Occupation: _____

Mother's information:

Full name: _____

Address: _____

Occupation: _____

Signature: _____

Telephone number: _____