

New York State Deputies Association, Inc.
61 Laredo Dr.
Rochester, NY 14624
DEPUTY KURT WYMAN
MEMORIAL SCHOLARSHIP APPLICATION
Instructions

1. *One \$500 award will be given each year.*
2. *Applicant must be a resident of Oneida County.*
3. *Applicant must be a graduating high school senior who will be attending an accredited college or university in the fall.*
4. *Scholarship award must be payable to an accredited college or university. The winner will be asked to designate the appropriate institution at the time of the award.*
5. *Applicant must be pursuing a career in a criminal justice field.*
6. *Completed applications must be postmarked or e-mailed no later than May 1.*
7. *If application is mailed, it must be signed. If e-mailed, applicant's name should be typed in the signature box.*
8. ***Please print or type all information.***
9. *A copy of applicant's most current transcript (high school or college as appropriate) must be submitted. It need not be a certified copy - photocopies are acceptable. If the application is mailed, include the transcript. If the application is e-mailed, you may scan and include the transcript in the e-mail, or send the transcript separately via U.S. Mail.*
10. *If sending via U.S. mail send to:*

New York State Deputies Association, Inc.
Scholarship Committee
61 Laredo Dr.
Rochester, NY 14624
11. *If sending via e-mail, send to thomasross61@outlook.com.*

NOTE: ALL STATEMENTS ARE SUBJECT TO VERIFICATION



New York State Deputies Association, Inc.
Wyman Memorial Scholarship Application

Applicant Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Name of school currently attended: _____

Current Grade Point Average: _____

List extra curricular activities in which you regularly participate. This includes sports, hobbies, clubs. Also list any awards you have received.



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Explain the reasons for your interest in a criminal justice career and your ultimate career goals. Include the college or university that you will attend (or have applied to), and the program you intend to study.

I affirm that the statements made on this application, including any attached papers, are true. I also authorize any designee of the New York State Deputies Association, Inc. to conduct any investigation necessary to verify information included in this application or attachments.

Signature

Date