



2019 MDCACP SCHOLARSHIP GRANT APPLICATION

Last Name _____ First Name _____

_____ Mailing Address _____

City _____

Zip Code _____

Home/Cell Phone _____

Date of Birth ____/____/____

Recommended By

Name of MDACP Executive Board Member: _____

Position Held: _____

Agency: _____

Applicants must submit a printed or PDF essay **no longer than 750 words** explaining their career goals. Title the essay **MDCACP SCHOLARSHIP**.

The essay should emphasize:

- why you want to become a police officer:
- when you decided on this career, and:
- what distinguishes you from other scholarship applicants.

Were you a member of any clubs in high school? Yes No

If you answered yes, what club(s) were you in and what position did you hold.

Were you a member of any clubs in college? Yes No N/A
If you answered yes, what club(s) were you in and what position did you hold.

Any community organization involvement outside of school?
Yes No

If you answered yes please provide additional details.

Have you ever received an award or commendation? Yes No
If you answered yes complete the next section:

Award Year _____ Award Title _____

Award Year _____ Award Title _____

Award Year _____ Award Title _____

ADDITIONAL INFORMATION (Optional)

List any additional facts or unique circumstances that should be brought to the attention of the screening committee, in their consideration of this application. Additional attachments may be included as appropriate.

ATTACHMENTS

1. Copy of your most recent official transcript (H.S. or College).
2. Essay.
3. Letter of recommendation on agency letterhead.
4. Other Attachments for consideration.

APPLICANT'S OATH & APPROVAL

AS AN APPLICANT FOR AN MDCACP SCHOLARSHIP GRANT, I HEREBY AFFIRM THAT:

1. I am not aware of any circumstances that would deny my application to enter the School of Justice in the Florida Basic Law Enforcement program as a recruit.
2. I certify the accuracy and truthfulness of the facts contained in this application.
3. I understand that the scholarship grant is a **one-time** award that is limited to police academy tuition ONLY, and should I win the award, the funds will be made **payable only to the School of Justice**.
4. I understand the balance of my police academy expenses above the scholarship grant are my responsibility, and not the responsibility of the Miami-Dade County Association of Chiefs of Police.
5. I understand if I fail to enroll in the police academy within two years of the scholarship award grant, I forfeit the scholarship. Or if I am removed from the academy for any reason (physical, academic, conduct), then I will **be subject to rules and regulations of the academy**.

Signature

Date

**** Completed Applications must be received no later than February 28, 2019:**

Miami-Dade County Association of Chiefs of Police
Attention – Scholarship Committee
P.O. Box 531045
Miami Shores, FL 33153
or
Email to: Info@mdcACP.com