



2021 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: _____

Submit an essay titled **MDCACP SCHOLARSHIP** explaining your career goals. Essay should not exceed 750 words and may be submitted in print form or as a PDF.

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, list club(s) were you in and the position you held.

Were you a member of any clubs in college? Yes No N/A

If you answered yes, list club(s) were you in and the position you held.

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, provide details below.

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. Attach relevant documents, if any.

ATTACHMENTS

- 1. Copy of your most recent transcript (H.S. or College).
- 2. Essay.
- 3. Letter of recommendation on agency letterhead.
- 4. Additional information, if any.

OATH & ACKNOWLEDGEMENT

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

- 1. I am not aware of any circumstance that would disqualify me 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 the scholarship grant is a **one-time** award limited to police academy tuition ONLY, and should I receive the award, the funds will be made **payable only to the School of Justice**.
- 4. I accept that all other 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 agree to forfeit the scholarship if I fail to enroll in the police academy within two years of the scholarship award grant.
- 6. I acknowledge that removal from the police academy by the School of Justice for **any** reason will subject me to rules and regulations of the academy.

Signature

Date

Applications must be received no later than July 1, 2021, at:

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