



MDCACP SCHOLARSHIP GRANT APPLICATION

Date _____

Last Name _____ First Name _____

Mailing Address _____

City _____

Zip Code _____

Home/Cell Phone _____

Date of Birth ____/____/____

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 do you want to become a police officer
- When did you decide on this career
- 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 following section:

Award Year _____ Award Title _____
Award Year _____ Award Title _____
Award Year _____ Award Title _____

ADDITIONAL INFORMATION (Optional):

Please list any additional facts or unique circumstances that should be brought to the screening committee's attention in considering this application. Additional attachments may be included as appropriate.

ATTACHMENTS:

1. **Copy of your most recent official transcript (High School or College)**
2. **Essay**
3. **Professional letter of recommendation**
4. **Other attachments for consideration**

APPLICANT’S OATH & APPROVAL

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

1. I am unaware of any circumstances that would deny my application to enter a Miami-Dade County Florida Basic Law Enforcement Program at the Miami-Dade College or City of Miami Police College 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 for a first-time academy participant and is limited to police academy tuition ONLY. Should I win the award, the funds will be made **payable only to the School of Justice**.
4. I understand that the balance of my police academy expenses above the scholarship grant is my responsibility and not that of the Miami-Dade County Association of Chiefs of Police.
5. I understand that if I fail to enroll in the police academy within two (2) years of the scholarship award, I will forfeit the scholarship. Or if I am removed from the academy for any reason (physical, academic, conduct), then I will **be subject to the rules and regulations of the academy**.

Signature

Date

****Deadline:** Completed applications must be received by no later than July 1st of the current year:

Send to:

**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