



MINNESOTA SHERIFFS' ASSOCIATION

100 Empire Drive, Suite 222, St. Paul, MN 55103

Phone: 651.451.7216 Fax: 651.451.8087

Email: info@mnsheriffs.org

MINNESOTA SHERIFFS' ASSOCIATION SCHOLARSHIP PROGRAM

Policy - Procedure Statement

PURPOSE

The Minnesota Sheriffs' Association recognizes the importance of pre-service training to prepare individuals in the rewarding career of public service. It also recognizes that some candidates need outside help in meeting the costs of such training, as well as, those candidates who excel academically.

Members of the Minnesota Sheriffs' Association give recognition to the lack of financial assistance available to students attending the mandated peace officer's skills course or a two/four year law enforcement degree school. This statement sets forth a policy decision reached by the Members and the procedures to implement the policy.

POLICY

The Minnesota Sheriffs' Association has determined that education is a fundamental core of our Association. The Membership of this Association will provide financial support through the form of student scholarships to an identified student or students who is not POST licensed, in the second year of a two year law enforcement degree program, or to any student who is in the third or fourth year of a four year law enforcement degree program. This policy shall remain in effect consistent with funding to support this program.

PROCEDURES

1. Applications and disbursement of funds:
 - a. The Scholarship Committee of the Association will only accept applications processed through the County Sheriff in the home county of residence of the applicant. Applications submitted directly to the Committee by candidates, without channeling through their Sheriff, will not be considered.
 - b. It is the candidate's obligation to have the Sheriff of the candidate's home county endorse the application and provide pertinent information that will assist to determine the candidate's good character and general citizenship qualities.

- c. The deadline for submission of applications is set by board action.
- d. The Scholarship Committee in making its selection of awards, intends to achieve representation from all geographical areas of the state.
- e. The amount of the awards may cover part or all of the course costs, but in no case will they exceed \$600.00 per candidate.

2. Student Criteria:

- a. Candidates are required to demonstrate their academic achievements. Applicants must submit a copy of a transcript from each school attended and a completed MSA application.
- b. General behavior and attitude will also be considered. Related factor may be partially revealed through the required endorsement by the Sheriff. A review of the application will be completed by the submitting Sheriff along with a recommendation to the committee.



MINNESOTA SHERIFFS' ASSOCIATION

100 Empire Drive Suite 222, St. Paul, MN 55103

Date:

Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. When completed, return application to your local Sheriff's Office for their signature and submittal.

PERSONAL HISTORY

Name in full (first, middle, last)			
<hr/>			
RESIDENCE			
Present Residence Address: (Apartment, Street, City, State, Zip Code)	Telephone Numbers:		
<hr/>	Daytime <hr/>		
<hr/>	Evening <hr/>		
Email Address			
<hr/>			
List chronologically your residences in the past 5 years.			
Dates			
From - To	Address	City	State/Zip
-			
-			

EDUCATION

<u>Name of School</u>	<u>Location</u>	<u>Dates</u> <u>From-To</u>	<u>Course/Degree</u> <u>2 or 4 Yr Programs</u>	<u>Years</u> <u>Completed</u>
<u>High School</u>		-		
		-		
<u>College(s)</u>		-		
		-		
<u>Graduate School</u>		-		
		-		
List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.				
<hr/>				
<hr/>				

List any special abilities, interests, sports or hobbies.

REFERENCES

Give three references, include: one employer, friend, and other.

Complete Name	Occupation	No. Yrs. Acq.
Address		City/State/Zip
()	()	
Daytime Phone #	Evening Phone #	

Complete Name	Occupation	No. Yrs. Acq.
Address		City/State/Zip
()	()	
Daytime Phone #	Evening Phone #	

Complete Name	Occupation	No. Yrs. Acq.
Address		City/State/Zip
()	()	
Daytime Phone #	Evening Phone #	

MILITARY RECORD

Have you ever served on active duty in the Armed Forces of the United States? Yes No

Branch of Military Service _____

Highest rank attained _____

Dates of active duty: from ____ / ____ / ____ to ____ / ____ / ____

Type of Discharge _____

Member of Reserve or National Guard? Yes No

ORGANIZATION MEMBERSHIP

A. Are you now, or have you ever been a member of any club, society or organization? Yes No
If yes, list below. (Do not abbreviate.)

<u>NAME</u>	<u>CITY/STATE</u>	<u>PRESENT (list position held and extent of activity)</u>
-------------	-------------------	--

STUDENT NARRATIVE & STATEMENT OF NEED

What is your strongest personal characteristic? What do you consider your weakest characteristic? Any Why?

Explain your interest in becoming a Law Enforcement Officer.

How do you make decisions that may impact the lives of others around you or in your social group?

Describe why you are applying for this scholarship in no more than 150 words. (Use additional sheets if needed.)

Please designate the Name and Mailing Address of the College or Technical Program and dates you will be/are attending.

CONSENT FOR RELEASE OF INFORMATION

You are being asked to supply private or confidential information about yourself. The purpose of asking for this information is to assist the _____ County Sheriffs' Office in determining your eligibility for this grant application. You have a right to refuse to supply this information; however, as a consequence, we may not be able to complete the review of your grant application. I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose this consent will automatically expire without my express revocation. I certify this application information is true and correct.

Please Print Name	Applicant's Signature	Date
County of Residence	Sheriff's Signature	