I.S.A. SCHOLARSHIP PROGRAM APPLICATION

The attached form for the Indiana Sheriffs’ Association Scholarship Program consists of two parts:

**PART I**

to be completed by you, the applicant, and signed by you and your parents or guardian. High School students **must** provide a transcript of high school grades. College students **must** provide a transcript of college grades.

**PART II**
to be completed and signed by your high school principal, college registrar or qualified school official.

### QUALIFICATIONS

1. ALL APPLICANTS MUST BE AN INDIANA RESIDENT.

2. ALL APPLICANTS MUST BE COMMITTED TO PURSUING AN EDUCATION AND CAREER IN A LAW ENFORCEMENT FIELD AT AN INDIANA COLLEGE OR UNIVERSITY.

3. ALL APPLICANTS MUST BE A CURRENT MEMBER OF THE ASSOCIATION, OR A DEPENDENT CHILD OR GRANDCHILD OF A CURRENT MEMBER OF THE ASSOCIATION. If you do not meet the membership requirement, an application for membership is attached to this application. Just complete the application and return it with this Scholarship Application to meet the requirement.

4. ALL APPLICANTS MUST ENROLL AS A FULL-TIME STUDENT (12 hours).

5. ALL APPLICANTS MUST HAVE TAKEN THE SCHOLASTIC APTITUDE TEST (SAT) OR THE AMERICAN COLLEGE TEST (ACT).

**ALL INFORMATION MUST BE TYPED OR HAND PRINTED NEATLY, COMPLETED IN FULL, AND RETURNED BEFORE APRIL 1 TO: Indiana Sheriffs’ Association; 147 East Maryland Street; Indianapolis, IN 46204-3608.**
PART I—To be completed by the applicant—MUST BE TYPED OR HAND PRINTED NEATLY

Name ___________________________________________________________________________

Last                                                First                                            Middle

Home Address ___________________________________________________________________

Post Office Box or Street                       City                       State              ZIP

Telephone Number (_____)______________________     Home County __________________

Date of Birth ___________________   Last four (4) digits of Social Security #   ___  ___  ___  ___

Name of I.S.A. Member                                              Relationship to Applicant

Address of ISA Member ________________________________

Father’s Name                                                  Place of Employment                       Position Held

____________________________________  Home ________________ Business ______________

Father’s Address                                                  Telephone #                          Telephone #

Mother’s Name                                                  Place of Employment                       Position Held

____________________________________  Home ________________ Business ______________

Mother’s Address                                                  Telephone #                          Telephone #

Name of high school you attend(ed) ______________________   Year graduate(d)______________

School Address ________________________

Name of college or university you attend or plan to attend ________________________________

School Address ________________________

Name of college or university you attend or plan to attend ________________________________

Field you plan to major in __________________________________________________________

(Must be committed to pursuing an education and career in a law enforcement field)

Number of semesters or quarters completed at end of current school year:

Semesters ____________________________     Quarters _______________________________

I am currently enrolled as a senior in high school         Yes __________     No __________

I am currently enrolled in a college/university as a:  (circle one)

Freshman      Sophomore  Junior  Senior
1. Do you reside with your parents?    Yes __________    No __________

   Parent(s) Name ________________________________________________________________

2. List adjusted gross income of parent(s) reported on last I.R.S. tax return $__________
   #2 Must be answered

3. List your (student’s) adjusted gross income as reported on last I.R.S. tax return $__________

4. Please list names, ages and relationships of dependents in your immediate household:

   Name          Age          Relationship          Name          Age          Relationship
   ___________________________________________          ___________________________________________
   ___________________________________________          ___________________________________________
   ___________________________________________          ___________________________________________

5. Number of household members (other than yourself) that are full-time college students ________

6. What methods do you plan to use to finance your college education?
   ________________________________________________________________________________
   ________________________________________________________________________________

7. Please list any special awards or recognition you have received for scholarships or other scholastic oriented achievements.
   ________________________________________________________________________________
   ________________________________________________________________________________

8. Please list any hobbies or leisure-time activities that are of interest to you and any special recognition you may have received from these activities.
   ________________________________________________________________________________
   ________________________________________________________________________________

9. Please list your principal high school and/or college clubs, organizations, activities and any offices or positions held.

   Activity          Office/Position          Years Held
   ___________________________________________
   ___________________________________________
   ___________________________________________
   ___________________________________________
10. Please list any non-school or community activities in which you have participated (Scouts, 4-H, youth groups, service organizations, etc.)

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<tr>
<th>Activity</th>
<th>Office/Position</th>
<th>Years Held</th>
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11. Please list part-time and summer employment. List most recent first.

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<th>Employer</th>
<th>Duties</th>
<th>Part-time/Summer (Specify)</th>
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12. Have you ever been arrested for any alcohol or drug related offenses?
Yes ________ No ________ If yes, list arrest type(s) and date(s) ____________________

13. Have you ever received an I.S.A. Scholarship? Yes ________ No ________
Amount $____________________ Year(s) received __________________________

14. How did you learn about our scholarship program? (parent, grandparent, school, police officer, Internet, etc.) __________________________________________

15. Have you attended the I.S.A. Youth Leadership Camp? Yes_____ No______

16. On a separate sheet of paper, please **write a short essay** on: *(Must complete #16)*
(a) your proposed course of college study,
(b) how you reached this decision,
(c) what you expect to gain from college,
(d) your personal goals and ambitions

Be thoughtful in developing your essay. The essay is your opportunity to convey your motivations and personal characteristics to members of the Selection Committee.

Please remember, a transcript of grades **must be mailed with application. High school students are to provide a high school transcript and College students are to provide a college transcript.**

I believe myself eligible for the Indiana Sheriffs’ Association Scholarship Program and certify that all information contained in this application is complete and true. I authorize my high school principal, or the office of registrar, or financial aid office or qualified school official to complete the remainder of this form and forward the required school records to the Selection Committee of the Indiana Sheriffs’ Association Scholarship Program.

I understand that the decisions of the Selection Committee in the selection of scholarship winners will be final.

________________________________________________________________________
Signature of Applicant
________________________________________________________________________
Signature of Parent or Guardian
Date ______________________
PART II – To be completed by the High School Principal, College Registrar or Qualified School Official -- MUST BE TYPED OR HAND PRINTED NEATLY

TO THE SCHOOL OFFICIAL:

The Indiana Sheriffs’ Association Scholarship Program is designed to recognize the academic achievements and total development of high school seniors and/or college students. Applicants are competing for a $500 I.S.A. scholarship from within their area of the state.

In order to best evaluate the applicant, the Selection Committee needs information from you. It is hoped your comments will be complete and thoughtful in order to provide the Committee with a total picture of the applicant.

IF YOU FEEL THAT YOU, AS THE HIGH SCHOOL PRINCIPAL OR COLLEGE REGISTRAR, DO NOT KNOW THE APPLICANT WELL, THE FOLLOWING INFORMATION MAY BE PREPARED AND SUBMITTED BY ANOTHER QUALIFIED SCHOOL OFFICIAL. THANK YOU FOR YOUR HELP AND COOPERATION.

Student’s Name __________________________________________________________________

1. This student ranks __________________ in a class of ________________ students at the end of ________________ semesters.

2. This student’s GPA is __________________ on a scale of ____________

3. This student took the Scholastic Aptitude Test (SAT) or the American College Test (ACT) on ____________. Please indicate scores achieved: Verbal ________ Math __________

4. Attached is the transcript of the student’s high school records for _______ semesters or college transcript for ________ semesters.

5. List student’s attendance record ______________________________________________

If the information is not included on the transcript, please indicate:

Passing Grade ______ Grade recommended for college work ______________________

Type of course taken (General, College Preparatory, etc.) __________________________
__________________________________________________________________________
__________________________________________________________________________
5. Please use the space below to give the Selection Committee your appraisal of the student. Your comments should include an appraisal of the student’s scholastic achievements, leadership ability, extra-curricular activities, initiative, citizenship and financial need.

Name of School ________________________________________________________________

School’s Address

Street __________________________ City __________________________ State ______ ZIP

Your Name ___________________________________ Position _______________________

Your Signature ___________________________________ Date _______________________

ALL INFORMATION MUST BE TYPED OR HAND PRINTED NEATLY, COMPLETED IN FULL, AND RETURNED BEFORE APRIL 1 TO: Indiana Sheriffs’ Association; 147 East Maryland Street; Indianapolis, IN  46204-3608
BECOME A MEMBER TODAY

INDIANA SHERIFFS’ ASSOCIATION ASSOCIATE MEMBERSHIP APPLICATION

I am enclosing my annual Associate Membership Dues ................................................................. $ 24.00

(Membership credentials consist of membership card, two I.S.A. star decals and releases of our newsletter, THE INDIANA SHERIFF)

I am enclosing our Associate Family Dues (Includes primary member & spouse) .......................... $ 35.00

Spouse’s Name ...........................................

*Unmarried dependent children over 14 days and under 19 years

(Name(s)) ........................................................................................................ $10.00 each x ___ = $________

Family membership credentials consist of a membership card per member; three I.S.A. star decals per family, and releases of our newsletter, THE INDIANA SHERIFF, per family)

In addition to my dues, please send me # ______ membership license tags @ $5.50 .................................. $ ______

Please use the following amount to assist the Indiana Sheriffs’ Scholarship Fund .................................. $ ______

Youth Leadership Camp .................................................. $ ______

Training Fund .............................................................. $ ______

TOTAL ENCLOSED ................................................................................. $ ______

Name of Applicant

Address ________________________________________________________________________________

City __________ State ______ Zip __________

County __________

Dues and contributions to the Indiana Sheriffs’ Association are tax deductible under 501-C(3) of the I.R.S. Code

Please make check payable to INDIANA SHERIFFS’ ASSOCIATION. Mail to 147 East Maryland Street, Indianapolis, IN 46204-3608. Telephone 1-800-622-4779

SUPPORT YOUR SHERIFF’S OFFICE

If you are applying for a scholarship and do not meet the membership requirement, you can use this application to apply for membership. Just complete the application and return with the Scholarship Application.