



# 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)

\_\_\_\_\_

### RESIDENCE

Present Residence Address: (Apartment, Street, City, State, Zip Code)

Telephone Numbers:

\_\_\_\_\_

Daytime \_\_\_\_\_

\_\_\_\_\_

Evening \_\_\_\_\_

Email Address

\_\_\_\_\_

List chronologically your residences in the past 5 years.

| Dates |    | Address | City | State/Zip |
|-------|----|---------|------|-----------|
| From  | To |         |      |           |

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

| Name of School | Location | Dates<br>From-To | Course/Degree<br>2 or 4 Yr Programs | Years<br>Completed |
|----------------|----------|------------------|-------------------------------------|--------------------|
|----------------|----------|------------------|-------------------------------------|--------------------|

High School

\_\_\_\_\_

\_\_\_\_\_

College(s)

\_\_\_\_\_

\_\_\_\_\_

Graduate School

\_\_\_\_\_

List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

\_\_\_\_\_

\_\_\_\_\_

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.)

NAME CITY/STATE PRESENT (list position held and extent of activity)

**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 <u>Name and Mailing Address</u> of the College or Technical Program and dates you will be/are attending. All applications must be accompanied by a transcript. Transcript does not have to be certified.                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |      |
| <b><u>CONSENT FOR RELEASE OF INFORMATION</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |      |
| <i>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.</i> |                       |      |
| Please Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Applicant's Signature | Date |
| County of Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sheriff's Signature   |      |