

MOLALLA POLICE OFFICER'S CITIZEN SCHOLARSHIP

The Molalla Police Department staff members will award one scholarship in the amount of \$1,000 to a student pursuing post-secondary education. The scholarship may be used at any accredited technical/trade school, college, or university.

ELIGIBILITY REQUIREMENTS

- 1) A current senior who is satisfactorily progressing toward graduation.
- 2) Has at least a 3.0 cumulative GPA through the 8th semester.
- 3) An individual who has been and is involved in community activities and has demonstrated dedication to the concept of citizenship.

APPLICATION PROCEDURE

- 1) Complete the application form and essay and return it to the counseling office at Molalla High School no later than April 13th. (Essay topic: What citizenship means to me)
- Attach a transcript of your grades/credits to the application <u>plus</u> have the counselor complete the <u>recommendation section of the application</u>.
- 3) The application and all supporting materials must be received no later than April 13th. All the materials and application become the property of the police department's scholarship committee and will not be returned.
- 4) Applicant must be available to meet with the scholarship committee if selected as a finalist for the award.
- 5) Recipient must verify high school graduation and current enrollment in a post-secondary educational institution when disbursement of funds is requested.
- 6) Termination of the recipient's attendance at the educational institution will result in cancellation of the award.

MOLALLA POLICE OFFICER'S CITIZEN SCHOLARSHIP APPLICATION

APPLICANT'S NAME:	
(LAST, FIR	RST, FULL MIDDLE)
HOME ADDRESS:	
BIRTHDATE:	CELL OR HOME PHONE:
PARENT/GUARDIAN NAME:	PHONE:
COUNSELOR:	
COUNSELOR RECOMMENDATIO	ON:
	AWARDS (LIST ALL ACTIVITIES, POSITIONS HELD, HONORS, AWARDS, ETC)
9 TH :	
10 TH :	
11:	
12 TH :	

NON-SCHOOL ACTIVITIES AND AWARDS: _____

FUTURE PLANS/GOALS COLLEGE OR SCHOOL PREFRENCES:	
FIELD OF STUDY:	
TENtATIVE CAREER GOALS:	
SCHOLARSHIPS/GRANTS RECEIVED TO DA	ATE:
REFERENCES (LIST THE NAMES, ADDRESS NOT RELATED TO YOU THAT YOU HAVE A	SES AND TELEPHONE NUMBERS OF THREE ADULTS WHO ARE ASKED TO BE A REFERENCE)
1) NAME:	PHONE:
2) NAME:	PHONE:
3) NAME:	PHONE:
	ORDS, PREFERABLY TYPED, DOUBLE-SPACED. EXPLAIN YOUR
APPLICANT'S SIGNATURE:	DATE:
OFFICIAL USE ONLY	
RECEIVED DATE:	BY:
REFERENCES CHECKED DATE:	BY:
INTERVIEW DATE:	TIME:

COMMITTEE COMMENTS: ______