

**MINNESOTA SHERIFFS' ASSOCIATION
SCHOLARSHIP PROGRAM**

Policy - Procedure Statement

PURPOSE

Enforcement of the law in a democratic society is a complex task. The ability of a peace officer to render effective service responsive to the public's need depends heavily upon job knowledge and skills. The Minnesota Sheriffs' Association recognizes the importance of pre-entry training to the accomplishment of these requisites. 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 any student who is not POST licensed, is currently enrolled in a mandated POST Skills Program, or is 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 background information as to the candidate's good character and general citizenship qualities.
 - c. The deadline for submission of applications is **November 1st** of each year. Scholarships can be expected to be awarded **December 31st** of the same year.
 - 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.

- f. Payments connected with the awards will be made to the institution, not the candidate. (Both the institution's name and the student's name will appear on the check, requiring each party's signature.)

2. Student Criteria:

- a. Candidates are required to demonstrate their academic achievements. Applicants must submit a transcript from each school attended and a completed the MSA application form.
- b. General behavior and attitude will also receive close scrutiny. Related factors may be partially revealed though the required endorsement by the Sheriff. A complete background check of the candidate will be made by the submitting Sheriff and the application will be reviewed by the Scholarship Committee.
- c. Scholarships are only available to students who are currently enrolled in one of the following three categories:
 - 1. Mandated POST Skills Program
 - 2. The second year of a Two Year Law Enforcement Program
 - 3. The third or fourth year of a Four Year College Criminal Justice Program

APPLICANT MUST ATTACH SCHOLASTIC GRADE RECORDS TO THIS APPLICATION TO BE ELIGIBLE FOR CONSIDERATION.



MINNESOTA
SHERIFFS' ASSOCIATION
1951 Wood Lane Drive Suite 200, Woodbury, MN 55125

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

A. Name in full (first, middle, last)

B. Social Security Number: _____ C. Birth date (month, day, year) _____ D. Place of Birth _____
- -

E. List all other names you have used including nicknames: if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.

F. Are you a U.S. Citizen? Yes No Naturalized? Yes No

RESIDENCE

A. Present Residence Address: (Apartment, Street, City, State, Zip Code) _____ Telephone Numbers:
Daytime _____
Evening _____

B. Complete address to which you wish all correspondence sent

C. List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home and all military addresses including any off military base).

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

EDUCATION

<u>A. Name of School</u>	<u>Location</u>	<u>Dates From-To</u>	<u>Course/Degree 2 or 4 Yr Programs</u>	<u>Years Completed</u>
<u>High School</u>		-		
		-		
<u>College</u>		-		
		-		
<u>Graduate School</u>		-		
<u>Miscellaneous</u>		-		

B. Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you during your scholastic career?

Yes No

<u>Date</u>	<u>School</u>	<u>Type of Action</u>

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

B. List any special abilities, interests, sports or hobbies with degrees of proficiency.

C. Indicate your proficiency in each phase of each foreign language listed as "slight", "good", or "fluent".

<u>Name of language</u>	<u>Speak</u>	<u>Understand</u>	<u>Read</u>	<u>Write</u>

Are you a licensed automobile operator?

Yes No State(s) _____ D.L.# _____

REFERENCES

Give three references (NOT relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician if you have one, who have known you well for at least five years. If retired, give former occupation.

<u>Complete Name</u>	<u>Occupation</u>	<u>No. Yrs. Acq.</u>

<u>Address</u>	<u>City/State/Zip</u>

<u>()</u>	<u>()</u>
<u>Daytime Phone #</u>	<u>Evening Phone #</u>

REFERENCES CONTINUED

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 #	
Give three social acquaintances in your own age group including both sexes.		
Complete Name	School/Occupation	No. Yrs. Acq.
Address	City/State/Zip	
()	()	
Daytime Phone #	Evening Phone #	
Complete Name	School/Occupation	No. Yrs. Acq.
Address	City/State/Zip	
()	()	
Daytime Phone #	Evening Phone #	
Complete Name	School/Occupation	No. Yrs. Acq.
Address	City/State/Zip	
()	()	
Daytime Phone #	Evening Phone #	

EMPLOYMENT

List chronologically all employments, including, summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period, indicate dates of unemployment.

A.

Name of Employer	Position/Kind of Work	From	To
Address	Date:		
City/State/Zip	City/State/Zip		
\$	Name of Supervisor	Reason for leaving/Unemployed	
Salary			

EMPLOYMENT CONTINUED

B.

Name of Employer	Position/Kind of Work	From _____	To _____
		Date: _____	
Address		City/State/Zip	
\$			
Salary	Name of Supervisor	Reason for leaving/Unemployed	

C.

Name of Employer	Position/Kind of Work	From _____	To _____
		Date: _____	
Address		City/State/Zip	
\$			
Salary	Name of Supervisor	Reason for leaving/Unemployed	

D.

Name of Employer	Position/Kind of Work	From _____	To _____
		Date: _____	
Address		City/State/Zip	
\$			
Salary	Name of Supervisor	Reason for leaving/Unemployed	

E.

Name of Employer	Position/Kind of Work	From _____	To _____
		Date: _____	
Address		City/State/Zip	
\$			
Salary	Name of Supervisor	Reason for leaving/Unemployed	

F.

Name of Employer	Position/Kind of Work	From _____	To _____
		Date: _____	
Address		City/State/Zip	
\$			
Salary	Name of Supervisor	Reason for leaving/Unemployed	

G. Have you ever been dismissed or asked to resign from any employment or position you have held? Yes No
 If you answered yes:

Employer's Name	Date	Reason
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H. Do you have any sources of income other than your salary or that of your spouse? Yes No
 Specify each with amount.

MILITARY RECORD

- A. Are you registered for Selective Service? Yes No
- B. What is your current classification? _____
- C. If classified 1-Y (registrant qualified for military service only in time of war or national emergency) or 4-F (registrant not qualified for any military service), furnish reasons.

- D. Have you ever served on active duty in the Armed Forces of the United States? Yes No
 Highest rank attained _____
- E. Branch of Military Service _____
- F. Serial Number _____ Dates of active duty: from ____ / ____ / ____ to ____ / ____ / ____
- G. Type of Discharge _____ Basis for Discharge _____
- H. Member of Reserve or National Guard? Yes No
- I. Was any type of disciplinary action taken against you in the service? Yes No
 If yes, Nature of action: _____

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>FORMER</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?

Why would you want to become a Law Enforcement Officer?

Describe your leadership qualities and style of management. 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 less than 150 words. (Use additional sheets if needed)

Describe why you are applying for this scholarship, continued.

Please designate the Name and 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

Applicants Signature

Date

County of Residence

Sheriffs Signature