



Riverside Sheriffs' Association Member Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Application postmark deadline March 31

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

| |
|--------|
| I.D. # |
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|-----|-------|
| GPA | TOTAL |
| | |

MEMBER DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ County _____

State _____ Zip Code _____

Telephone (_____) _____ Email Address _____

County Employee ID Number _____

Date of Birth: Month _____ Day _____ Year _____ Gender Male Female

Are you an active bargaining unit member of the Riverside Sheriffs' Association? Yes No

Have you earned at least an associates degree or the equivalent thereof? Yes No

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University Other, explain _____

Year in school next year: 3 4 5 or Graduate Study Enrollment Status: Part-time Full-time

Major or course of study _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Other, explain _____

TRANSCRIPT INFORMATION (REQUIRED)

A complete transcript of college grades and a copy of AA Degree, if applicable, **must** be sent with this application. Grade reports are not acceptable.

Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

Student Application Current Complete Transcript(s) of Grades

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All materials, including transcript, must be addressed to:
Riverside Sheriffs' Association Member Scholarship Program
 Scholarship Management Services
 One Scholarship Way, P.O. Box 297
 Saint Peter, MN 56082

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Member's Signature _____ Date _____