



# Riverside Sheriffs' Association Member Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 2

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	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 associate's 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 \_\_\_\_\_

**TRANSCRIPT INFORMATION (REQUIRED)**

A complete transcript of college grades and a copy of AA Diploma, 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 applicant is responsible for submitting all materials to Scholarship America. 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

All materials, including transcript, must be addressed to:

**Riverside Sheriffs' Association Member Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline April 2**

**CERTIFICATION**

Scholarship America 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 America. (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 \_\_\_\_\_