

Dear Applicant:

Please find attached the official application form for the Sheriff Burchardt Law Enforcement Scholarship Program. We are excited that you have taken the opportunity to consider a career in law enforcement. As an ever-changing society, we are faced with many challenges from the enemy. Specifically, more violent crimes are committed in our schools, churches and community at rates never seen before. In many ways, there is a growing attitude toward the lack of respect for the rule of law in America. Equally, criminals are well versed in the law, mechanics of the law, and many times better prepared to commit crimes with their tools. Therefore, it is imperative that we train up a new generation in the honored tradition of law enforcement for the purpose of defending and protecting our community

Our goal is to provide a scholarship for a student seeking entry into an accredited criminal justice program. This process will be competitive in nature, based on several criteria. Preference for this scholarship shall be given to a student who has been named by their school district to receive the Sheriff's Student of the Month award. Other weighted criteria will consist of the student's enrollment into an accredited criminal justice program with the end goal of becoming a police officer. Further criteria represent citizenship, community service, employment and character.

I invite you to complete the enclosed application which shall be reviewed by a scholarship advisory panel from my office. Therefore it is imperative that you complete the application in its entirety. Applications with missing information will be reconsidered invalid. Please make sure to review this application with your guardian prior to, and after completing it.

Thank you for your interest in this scholarship application. We trust that you will become a respectable member of our law enforcement community in the future. If you are selected for this scholarship, I will be presenting it at your school's honors and awards assembly.

Best Wishes,

Stan W. Burchardt
Sheriff

HILLSDALE COUNTY SHERIFF'S OFFICE



*Sheriff Stan W. Burchardt
Law Enforcement Scholarship*

Application Packet

Scholarship Application

Please type or print legibly using dark ink



Hillsdale County
Sheriff's Office



Hillsdale County
Sheriff's Office

Scholarship Name:

SHERIFF BURCHARDT LAW ENFORCEMENT SCHOLARSHIP

Applicant Information

Name: _____ Gender: M _____
Last First Middle F _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone Number: _____ Work Phone Number: _____

Date of Birth: _____ Marital Status: Single: _____ Married: _____

High School Information

High School: _____ Graduation Date: _____ School District Residency: _____

G.P.A. _____ SAT Score: _____ ACT Score: _____

Rank: ____ in a class of _____ computed on the basis of: All subjects taken, or Academic Preparatory subjects only

H.S. Principal: _____

Area Skills/Vo-Tech/Career Center Program (if any):

(Institution) (Program) Years Attended _____

Please include a copy of your transcript in a sealed envelope (see high school counselor). If you are in college, please attach your college transcript or a copy of your classes and grades.

College/University Information

List colleges, in order of preference you have applied to:

1. _____ Accepted? _____ Application Pending _____

2. _____ Accepted? _____ Application Pending _____

3. _____ Accepted? _____ Application Pending _____

Proposed Area of Study: _____

Current Post-Secondary education (if any): _____ Dual Enrollment _____ Full Time _____ Part Time

Name of Institution: _____ Years Attended: _____ G.P.A. _____

Family Information (Fill out this section only if your parents claim you as a dependent on their tax return.)

Name of Parents/Guardians: _____

Father's Employment: _____

Occupation

Employer

Mother's Employment: _____

Occupation

Employer

Number of brothers and sisters: Older than you _____ Younger than you _____

Number of family members (including parents) in college: _____

Explain: _____

Family Information (Fill out this section only if you have dependent children or are married and file a joint tax return.)

Name of Spouse (if applicable): _____

Spouse's Employment: _____

Occupation

Employer

Children:

Name	Age

Number of family members in college: _____

Explain: _____

Financial Information

A. Have you filled out the Free Application for Federal Student Aid (FAFSA)? No ___ Yes ___ Date Mailed: _____

B. Total family income (adjusted gross income from tax return):

_____ Below \$20,000 _____ \$40,000 to \$50,000 _____ \$60,000 to \$70,000

_____ \$20,000 to \$30,000 _____ \$50,000 to \$60,000 _____ Above \$70,000

_____ \$30,000 to \$40,000

Indicate source(s) of income above: ___ Applicant ___ Parent ___ Spouse

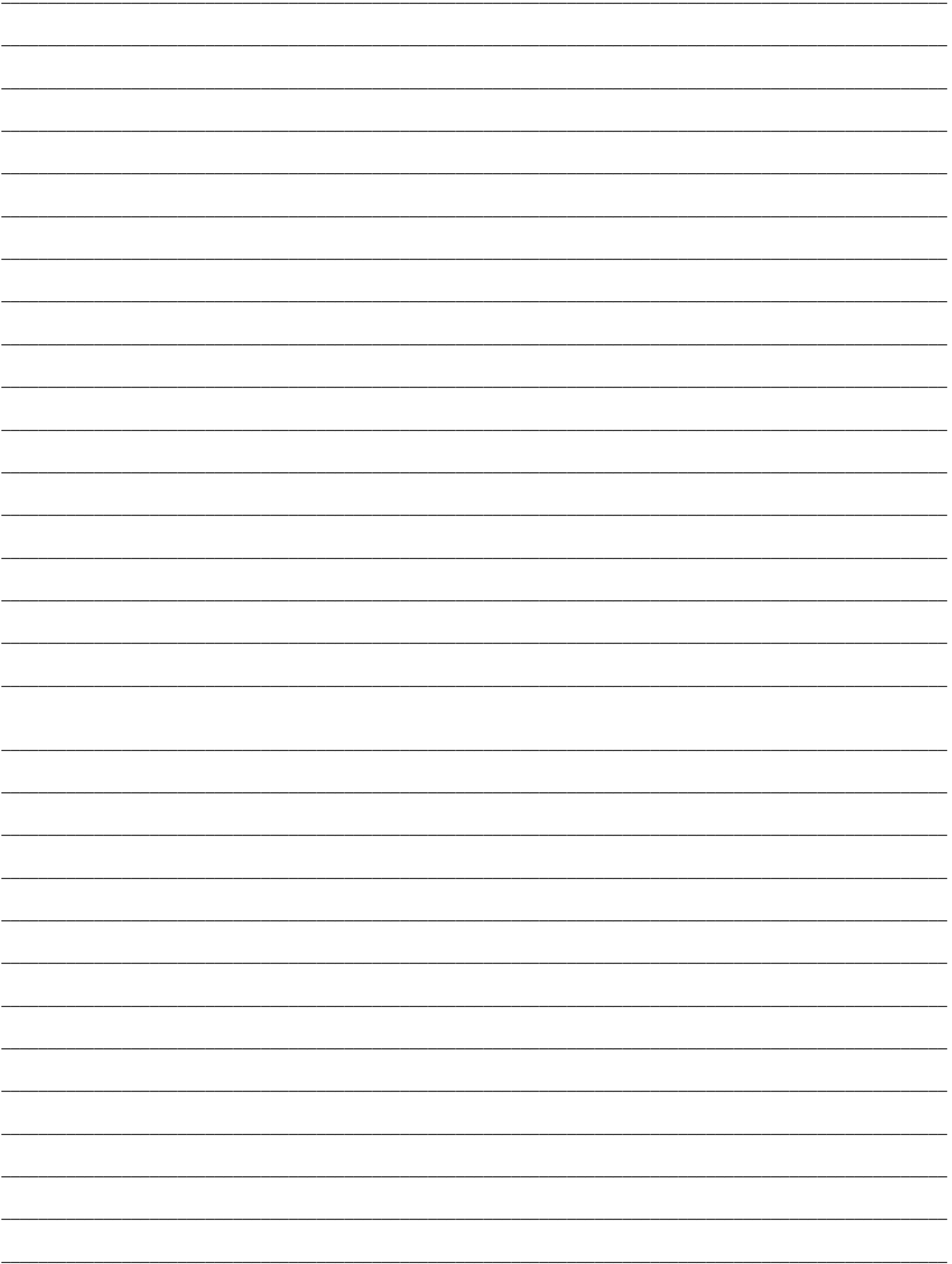
C. Financing your intended educational program: *Please give costs for your first choice college.*

1. Projected total cost of first year (Please itemize below).....\$ _____
Tuition _____ Room/Board _____ Class Materials _____

2. Financial aid received from other sources (scholarships, Pell Grants, loans, etc.).....\$ _____

3. Difference between lines 1 and 2.....\$ _____

D. Please describe any unusual financial circumstances in your household:



Certification:

I acknowledge that the information in this application is correct to the best of my knowledge. I fully understand that if an award is given to me, it is for the purpose of post-high school education. In the event that I do not enter a post-high school program, terminate the program prior to using the award, or receive other financial assistance (Pell Grants, scholarships, tuition grants, etc.) that cover, in its entirety, tuition, room and board, or class material costs, I will relinquish claim to the award in order for it to potentially be given to another student.

Signature of Applicant: _____ Date: _____

Permission to Release Information:

Permission is granted to the Hillsdale County Sheriff's Office to seek verification of any information provided in this Application from any source, for review by the officers and trustees of the Sheriff's Office or any other person authorized By the Sheriff's Office. We hereby release from liability any person submitting information to the Sheriff's Office for use In the selection of scholarship recipients.

Signature of Applicant: _____ Date: _____

Parent's Signature: _____ Date: _____
(if applicant is under 18 years of age)

To Complete Your Application

You must include the following:

1. Cumulative high school transcript in an envelope sealed by high school guidance counselor.
2. A copy of college acceptance letter.
3. A complete copy of the SAR (Student Aid Report) or tax return.
4. Two letters of recommendation.
5. Please do not put completed application in any type of binder. Simply paper clip pages together and submit by the May 12th deadline.
6. Applications must be in the Hillsdale County Sheriff's Office, or postmarked by May 12th. Faxed or emailed applications are not accepted.

Return application material no later than **May 12th** to: **Hillsdale County Sheriff's Office**
165 W. Fayette St.
Hillsdale, MI 49242
Attn. Scholarship

If you have any questions please call: (517)437-7317