



APPLICATION FOR EXPLORER SCHOLARSHIP

Section I: Personal Data

Name: _____ Date of Birth: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Current Class/Grade: _____ GPA (Attach Transcript): _____

Agency Explorer Program: _____

List the dates of active Explorer Post Membership: _____

Section II: Personal Qualifications *(As they relate to the scholarship)*

Attach to this application additional sheets to provide information in the following areas:

1. Major field of academic interest: _____
2. School and community organizations in which you have been active (indicate those in which you are now active).
3. Leadership positions in your Explorer Post, clubs, or other organizations (indicate those you now hold).
4. Important awards and recognitions, the organizations that presented them, and the year received.
5. Written statement of up to 1,000 words in which you give your reasons for seeking this scholarship. You should include information on how you think you can contribute to the successful achievement of the goals of the scholarship, and how you believe the experience will contribute to your own educational and/or career plans. Handwritten statements are acceptable.
6. Three letters of recommendation should come from (1) school officials, (2) post or organizational leaders, and (3) community or church leaders. These letters should attest to your candidacy for this scholarship.
7. School or college you attend or plan to attend: _____
8. What kind of degree or certification do you plan to work toward? _____

Section III: Certification/Endorsements

This nomination/application must be signed by the applicant, approved by a parent or guardian, and endorsed by the Police Advisory and the Agency Head who must be a member of the FPCA in good standing.

Applicant's Certification

I have read and understand the qualifications for the Florida Police Chiefs Foundation Explorer Scholarship. I am presently in good health and know of no personal or physical limitation that would prevent my full participation in this scholarship program. I understand that any scholarship funds that I may receive as a results of this application are for tuition and books only. By my signature I certify the accuracy of the foregoing facts in this application.

Signature: _____ Date: _____

Parent or Guardian Approval (if required)

I approve my son/daughter's participation in this scholarship program. I have read the qualifications listed for the award and state that he/she meets the qualifications as I understand them.

Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Email: _____

Police Advisor Endorsement

I hereby recommend the above-named applicant for this scholarship award and certify that they meet the personal qualifications.

Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Email: _____

Agency Head Endorsement

I am a member in good standing of the Florida Police Chiefs Association and hereby recommend the above named applicant for this scholarship award and certify that he/she meets the personal qualifications.

Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Email: _____

Mail completed application to:
Florida Police Chiefs Education and Research Foundation
PO Box 14038
Tallahassee, FL 32317
850.219.3631

Incomplete applications will not be considered.