

**INDIANA SHERIFFS' ASSOCIATION, INC.**  
POST OFFICE BOX 19127; INDIANAPOLIS, IN 46219  
1-800-622-4779

**I.S.A. SCHOLARSHIP PROGRAM APPLICATION**

The attached form for the Indiana Sheriffs' Association Scholarship Program consists of two parts:

**PART I** to be completed by you, the applicant, and signed by you and your parents or guardian. College students shall provide a transcript of college grades.

**PART II** to be completed and signed by your high school principal, college registrar or qualified school official.

**QUALIFICATIONS**

- 1. ALL APPLICANTS MUST BE AN INDIANA RESIDENT.**
- 2. ALL APPLICANTS MUST BE COMMITTED TO PURSUING AN EDUCATION AND CAREER IN A LAW ENFORCEMENT FIELD AT AN INDIANA COLLEGE OR UNIVERSITY.**
- 3. ALL APPLICANTS MUST BE A CURRENT MEMBER OF THE ASSOCIATION, OR A DEPENDENT CHILD OR GRANDCHILD OF A CURRENT MEMBER OF THE ASSOCIATION. If you do not meet the membership requirement, an application for membership is attached to this application. Just complete the application and return it with this Scholarship Application to meet the requirement.**
- 4. ALL APPLICANTS MUST ENROLL AS A FULL-TIME STUDENT (12 hours).**
- 5. ALL APPLICANTS MUST HAVE TAKEN THE SCHOLASTIC APTITUDE TEST (SAT) OR THE AMERICAN COLLEGE TEST (ACT).**

**ALL INFORMATION MUST BE TYPED OR HAND PRINTED NEATLY, COMPLETED IN FULL, AND RETURNED BEFORE APRIL 1 TO: Indiana Sheriffs' Association; PO Box 19127; Indianapolis, IN 46219.**

**PART I--To be completed by the applicant--MUST BE TYPED OR HAND PRINTED NEATLY**

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Post Office Box or Street City State ZIP

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Home County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
Name of I.S.A. Member Relationship to Applicant

Address of ISA Member \_\_\_\_\_

\_\_\_\_\_  
Father's Name Place of Employment Position Held

\_\_\_\_\_  
Father's Address Home Telephone # Business Telephone #

\_\_\_\_\_  
Mother's Name Place of Employment Position Held

\_\_\_\_\_  
Mother's Address Home Telephone # Business Telephone #

Name of high school you attend(ed) \_\_\_\_\_ Year graduate(d) \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State ZIP

Name of college or university you attend or plan to attend \_\_\_\_\_

Field you plan to major in \_\_\_\_\_

Number of semesters or quarters completed at end of current school year:  
Semesters \_\_\_\_\_ Quarters \_\_\_\_\_

I am currently enrolled as a senior in high school Yes \_\_\_\_\_ No \_\_\_\_\_

I am currently enrolled in a college/university as a: (circle one)  
Freshman Sophomore Junior Senior

1. Do you reside with your parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

2. List income of parent(s) reported on last I.R.S. tax return \$ \_\_\_\_\_

3. List your income as reported on last I.R.S. tax return \$ \_\_\_\_\_

4. Please list names, ages and relationships of dependents in your immediate household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Number of household members (other than yourself) that are full-time college students \_\_\_\_\_

6. What methods do you plan to use to finance your college education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list any special awards or recognition you have received for scholarships or other scholastic oriented achievements.

\_\_\_\_\_  
\_\_\_\_\_

8. Please list any hobbies or leisure-time activities that are of interest to you and any special recognition you may have received from these activities.

\_\_\_\_\_  
\_\_\_\_\_

9. Please list your principal high school and/or college clubs, organizations, activities and any offices or positions held.

<u>Activity</u>	<u>Office/Position</u>	<u>Years Held</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Please list any non-school or community activities in which you have participated (Scouts, 4-H, youth groups, service organizations, etc.)

Activity	Office/Position	Years Held

11. Please list part-time and summer employment. List most recent first.

Employer	Duties	Part-time/Summer (Specify)

12. Have you ever been arrested for any alcohol or drug related offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list arrest type(s) and date(s) \_\_\_\_\_

13. Have you ever received an I.S.A. Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Year(s) received \_\_\_\_\_

14. How did you learn about our scholarship program? (parent, grandparent, school, police officer, Internet, etc.) \_\_\_\_\_

15. On a separate sheet of paper, please write a short essay on:

- (a) your proposed course of college study,
- (b) how you reached this decision,
- (c) what you expect to gain from college,
- (d) your personal goals and ambitions

Be thoughtful in developing your essay. The essay is your opportunity to convey your motivations and personal characteristics to members of the Selection Committee.

I believe myself eligible for the Indiana Sheriffs' Association Scholarship Program and certify that all information contained in this application is complete and true. I authorize my high school principal, or the office of registrar, or financial aid office or qualified school official to complete the remainder of this form and forward the required school records to the Selection Committee of the Indiana Sheriffs' Association Scholarship Program.

I understand that the decisions of the Selection Committee in the selection of scholarship winners will be final.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_

**PART II – To be completed by the High School Principal, College Registrar or Qualified School Official -- MUST BE TYPED OR HAND PRINTED NEATLY**

TO THE SCHOOL OFFICIAL:

The Indiana Sheriffs' Association Scholarship Program is designed to recognize the academic achievements and total development of high school seniors and/or college students. Applicants are competing for a \$500 I.S.A. scholarship from within their area of the state.

In order to best evaluate the applicant, the Selection Committee needs information from you. It is hoped your comments will be complete and thoughtful in order to provide the Committee with a total picture of the applicant.

IF YOU FEEL THAT YOU, AS THE HIGH SCHOOL PRINCIPAL OR COLLEGE REGISTRAR, DO NOT KNOW THE APPLICANT WELL, THE FOLLOWING INFORMATION MAY BE PREPARED AND SUBMITTED BY ANOTHER QUALIFIED SCHOOL OFFICIAL. THANK YOU FOR YOUR HELP AND COOPERATION.

Student's Name \_\_\_\_\_

1. This student ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students at the end of \_\_\_\_\_ semesters.
2. This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_
3. This student took the Scholastic Aptitude Test (SAT) or the American College Test (ACT) on \_\_\_\_\_. Please indicate scores achieved: Verbal \_\_\_\_\_ Math \_\_\_\_\_
4. Attached is the transcript of the student's high school records for \_\_\_\_\_ semesters or college transcript for \_\_\_\_\_ semesters.

If the information is not included on the transcript, please indicate:

Passing Grade \_\_\_\_\_ Grade recommended for college work \_\_\_\_\_

Type of course taken (General, College Preparatory, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Please use the space below to give the Selection Committee your appraisal of the student. Your comments should include an appraisal of the student's scholastic achievements, leadership ability, extra-curricular activities, initiative, citizenship and financial need.

Name of School \_\_\_\_\_

School's Address \_\_\_\_\_  
Street City State ZIP

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

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# INDIANA SHERIFFS' ASSOCIATION



YOUR  
PROFESSIONAL  
ORGANIZATION

# ISA

## BECOME A MEMBER TODAY

### INDIANA SHERIFFS' ASSOCIATION ASSOCIATE MEMBERSHIP APPLICATION

\_\_\_\_\_ I am enclosing my annual Associate Membership Dues..... \$ 24.00  
(Membership credentials consist of membership card, two I.S.A. star decals and a year's subscription to THE INDIANA SHERIFF)  
\_\_\_\_\_ I am enclosing our Associate Family Dues (Includes primary member & spouse)..... \$ 35.00

Spouse's Name \_\_\_\_\_

\*Unmarried dependent children over 14 days and under 19 years

(Available through Family Membership Only).....\$10.00 each x \_\_\_\_ = \$ \_\_\_\_\_

Name (s) \_\_\_\_\_

(Family membership credentials consist of a membership card per member; three I.S.A. star decals per family, and a years subscription to our magazine, THE INDIANA SHERIFF, per family)

In addition to my dues, please send me # \_\_\_\_\_ membership license tags @ \$5.....\$ \_\_\_\_\_

Please use the following amount to assist the Indiana Sheriffs' Scholarship Fund.....\$ \_\_\_\_\_

Youth Leadership Camp.....\$ \_\_\_\_\_

Training Fund.....\$ \_\_\_\_\_

TOTAL ENCLOSED.....\$ \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Dues and contributions to the Indiana Sheriffs' Association are tax deductible under 501-C(3) of the I.R.S. Code.  
Please make check payable to INDIANA SHERIFFS' ASSOCIATION. Mail to: P.O. Box 19127, INDIANAPOLIS, IN 46219. Telephone 1-800-622-4779

## SUPPORT YOUR SHERIFF'S DEPARTMENT

If you are applying for a scholarship and do not meet the membership requirement, you can use this application to apply for membership. Just complete the application and return with the Scholarship Application.