



FLORIDA ASSOCIATION OF SCHOOL RESOURCE OFFICERS

SCHOLARSHIP APPLICATION

The Florida Association of School Resource Officers is proud of the achievements of the youth in our state. As a result, FASRO began endowing educational scholarships for middle and high school students starting in 1988. During this time period, FASRO has awarded over 100,000 thousand dollars to our students to assist them in obtaining their goal of a college education. At FASRO we will continue to seek more funding to help our students achieve the educational knowledge they desire.

To nominate a student to be considered for a FASRO scholarship, please complete the attached application. Please mail the completed application to the FASRO Scholarship Committee as listed below **no later than May 1, 2017**. The scholarships will be announced at the annual training conference. If you are a business that would like to endow a scholarship, please contact the scholarship coordinator.

FASRO Scholarship Coordinator

Commander Dale Tharp
Escambia County Sheriff's Office
1700 West Leonard Street
Pensacola, Florida 32501
(850) 436-9939 Office
(850) 554-1384 Cell

Email: srooic@escambiaso.com

"Protecting our most precious resource, our children"



Florida Association of School Resource Officers
**2016-2017 Scholarship
Application**



TO: The Membership of the Florida Association of School Resource Officers
FROM: Scholarship Coordinator
RE: FASRO Scholarship
DATE: August 3, 2016

PURPOSE & GOAL:

FASRO is committed to recognizing individual youths of this state who have distinguished themselves as students through their school and community involvement, citizenship and academic success. To this end we annually award college scholarships to eligible students. These scholarships, which are available to high school students, are awarded based on the following criteria:

- Academic performance
- School and community involvement
- Personal statement of applicant
- Exemplary citizenship

ELIGIBILITY REQUIREMENTS:

Any student enrolled in a Florida school that at the time of application is in the twelfth grade. Four twelfth grade scholarship winners will receive a cash award of \$1,000.00. These monies are distributed to help defray college expenses of tuition and textbooks.

APPLICATION REQUIREMENTS:

Applicants will only be considered if **ALL** information and attachments are included.

- Every section of the application must be complete and typed or printed neatly in black ink.
- Three letters of recommendation must be **attached** (1-school, 2-community, 3-student choice).
- An up-to-date copy of the student's high school transcript must be attached.
- All applicants under 18 must sign attached "Attestation and Disclaimer" form.
- The student's Personal Statement is a very critical section in the application; quality more than quantity is valued by the judges.

***** D U E D A T E *****

The entire packet must be postmarked or emailed by **no later than May 1, 2017.** Please send all completed packets to:

Commander Dale Tharp
Escambia County Sheriff's Office
1700 West Leonard Street
Pensacola, Florida 32501

Email: sroic@escambiaso.com

- All winning applicants will be notified by certified mail as well as the SRO of the results.
- If you want confirmation that we have received your application, please mail it certified, return receipt requested.
- Winning applicants will have **120 days** from the date of notification to return a completed recipient form.



Florida Association of School Resource Officers 2016-2017 Scholarship Application



Personal Data

Name _____
 Date of Birth _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Telephone (____) _____ School Telephone (____) _____
 Social Security No. _____
 (Name) High School _____

Family Information

Father's Name _____ Occupation _____
 Place of Business _____ Phone Number (____) _____
 Mother's Name _____ Occupation _____
 Place of Business _____ Phone Number (____) _____
 Student lives with _____ Both Parents _____ Father _____ Mother _____ Guardian _____ Other Relative _____ Stepparent
 Parent's Marital Status _____ Married _____ Divorced _____
 Number of Brothers & Sisters _____ Under age 18 _____ In College _____ Other _____

 My signature below indicates that all the information contained in this application is complete, factually correct, and honestly presented. I also hereby grant permission to give this form and academic records to the necessary personnel to be reviewed for the FASRO Scholarship Program.

 Student's Signature Date Parent/Guardian Signature Date

REQUIRED MATERIALS CHECKLIST

Pages 1-4 Completed in Full High School Transcript
 Three Letters of Recommendation Attestation and Disclaimer (Under 18)

** SRO's signature **MUST** be included. Enclose your contact information for verification (if needed). *I endorse this student and have reviewed this student's application for completeness (all attachments required).*

School Resource Officer: _____ Phone # (____) _____
 SRO's signature after review _____ Date _____

Student Activities

List activities (clubs, organizations, sports) in which you have participated during middle/high school, noting the respective grade levels. List leadership positions held and special accomplishments, noting respective grade levels again. Please enter one entry per line.

Activity	Grade	Leadership/Position	Accomplishments	Grade

Community/Church-Related Activities

Activity	Grade(s)	Approximate hr. per activity

Special Achievements, Awards, & Honors (Not previously listed)

Commendation	Grade	Group or Activity

*** If extra space is needed, please copy this page and insert in application***

College Information

Schools (College, University, or Vo-tech) you are considering attending, in order of preference:

	Name of School	City	State
1st Choice:	_____	_____	_____
2nd Choice:	_____	_____	_____
3rd Choice:	_____	_____	_____
Accepted by	_____		
Major	_____		
Financial Aid awards to date:	_____		
(Source & total amount)	_____		

Work Experience

List any previous employment during high school.

Name of Employer	Position Held	Dates of Employment	Hours per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Grades/G.P.A.

Please attach school transcript.

District	Grade	Point	Average	(G.P.A.):
District	Class	Rank,	Numerical	Position:
Class Rank, Percentile:				_____
Class Rank, Total Number in Class:				_____

Personal Statement

Please describe your future goals. Give the reasons why you feel you should receive this scholarship. Include any unusual and/or special circumstances you would like considered as your application is reviewed.

ATTESTATION AND DISCLAIMER

I, _____, an applicant for the Florida Association of School Resource Officers, Scholarship, and _____, the parent(s) or legal guardian of the applicant, do hereby declare and affirm that all information contained in the foregoing application is true and correct. We further understand that we will be bound by the rules and regulations promulgated by FASRO and the decision of the Selection Committee will be final, subject to subsequent disqualification for the failure to graduate from a regular high school program in good standing, or for any arrest that leads to conviction or adjudication for the commission of a crime (excluding minor traffic violations) at any time after award of the scholarship. We understand that within sixty (60) days of the applicant's graduation from high school, the applicant must forward to FASRO appropriate documentation verifying his or her continued eligibility to receive his or her FASRO scholarship. Any non-compliance with the qualification criteria or the foregoing time limitation will result in the forfeiture of his or her scholarship. Also the endorsers of this application agree that any and all information contained within and dealing with the application and scholarship earnings shall be subject to public dissemination by any media or other form of release.

I hereby authorize any municipal, county, state, or federal law enforcement agency to provide FASRO with any and all information of record, including expunged or sealed documents, regarding any investigation, notwithstanding any exemption provided by federal or state law.

Applicant

Parent or Legal Guardian

STATE OF FLORIDA
COUNTY OF _____

_____ who are personally known to me or who have produced photographic identification _____ state that each of them have read and understand the foregoing, and agree to be bound thereby.

Notary Public

Date _____

My commission expires _____