

# 2022 FLEOA FOUNDATION SCHOLASTIC AWARDS APPLICATION

(A typed application is recommended)

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

\_\_\_\_\_  
Applicant E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
FLEOA Member Parent

\_\_\_\_\_  
Parent's Cell Number & E-mail

\_\_\_\_\_  
Parent's FLEOA Membership #

\_\_\_\_\_  
Parent's Agency

\_\_\_\_\_  
College Attending & State Location

Do you plan to major in Criminal Justice?  Yes  No  Undecided

\_\_\_\_\_  
4 Year H.S. Cumulative GPA

\_\_\_\_\_  
SAT Total Score

\_\_\_\_\_  
and/or ACT Score

*Awards Received:*

*List All Clubs & Organizations:*

*Community Service (List up to 3 Volunteer Service Activities):*

*Employment History (Not required):*

*Special Consideration / Hardship (List any disabilities or parental line of duty or medical fatality, injury / disability) Narrative:*

***I certify that the information in this application is accurate to the best of my knowledge.***

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

Date

\_\_\_\_\_  
FLEOA Member Parent Signature  
(If parent is deceased, no other signature required)