



Commander Newell S. Rand Jr.
Memorial Scholarship Award
Application

Application Deadline dates are June 1st of the current year. Your application packet should include the following items:

- Completed Application
- Three Letters of Recommendation, including one letter from an instructor/advisor in field of study
- Essay

Please Type or Print

Section I – Personal Information

YOUR NAME		FIRST	MIDDLE	LAST	
PERMANENT STREET ADDRESS		CITY		STATE	ZIP CODE
CURRENT LOCAL ADDRESS		CITY		STATE	ZIP CODE
HOME TELEPHONE NUMBER ()		EMAIL			BIRTHDATE
AGE	SOCIAL SECURITY NUMBER				
CLASSIFICATION					
<input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE STUDENT <input type="checkbox"/> HIGH SCHOOL SENIOR					
ANTICIPATED GRADUATION DATE			CUMULATIVE GPA		
MAJOR					
HOW DID YOU HEAR ABOUT THIS SCHOLARSHIP?					
<input type="checkbox"/> SCHOOL <input type="checkbox"/> INTERNET <input type="checkbox"/> OTHER (EXPLAIN)					

SECTION II – EDUCATIONAL INSTITUTION INFORMATION

NAME OF COLLEGE OR UNIVERSITY			TELEPHONE NUMBER ()		
MAILING ADDRESS		CITY		STATE	ZIP CODE
IF HIGH SCHOOL SENIOR, DO YOU PLAN TO ENTER COLLEGE IN				YEAR	
<input type="checkbox"/> FALL <input type="checkbox"/> SPRING					
NAME OF COLLEGE OR UNIVERSITY YOU PLAN ON ATTENDING			TELEPHONE NUMBER ()		

HONORS OR AWARDS

COMMUNITY, VOLUNTEER, CHURCH, YOUTH GROUPS, TALENTS OR SPECIAL INTERESTS

WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU ENVISION ATTAINING AND IN WHAT DISCIPLINE?

WHAT ARE YOUR PRIMARY CAREER GOALS?

SECTION V - ESSAY

ON A SEPARATE SHEET PROVIDE A BRIEF (250 WORDS OR LESS) DESCRIPTION OR STATEMENT REGARDING YOUR PARK LAW ENFORCEMENT EDUCATION CAREER GOALS.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the release of any information pertaining to my grades or academic standing and the extent of my financial need to any Park Law Enforcement Association (PLEA) representative who request this information.

APPLICANT'S SIGNATURE

DATE

PLEASE COMPLETE AND RETURN THIS APPLICATION TO:

Park Law Enforcement Association at the below email address:

Executivedirector@ParkRanger.com