



# Northern California Juvenile Officer's Association Scholarship Application

## **Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_  Male  Female

## **NCJOA Membership Qualification**

Name of NCJOA Member who qualifies you as a scholarship applicant:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Member's Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Is the NCJOA member Active or retired? \_\_\_\_\_

*NOTE: The NCJOA member, must have been a member for the six months prior to the date the dependent makes application for the scholarship*

## **Your Education History**

Name(s) of Schools Attended (9th – 12th grade)	Location (City, State, Zip)	Dates of Attendance	G.P.A. (Estimated)

List expected graduation date from High School: \_\_\_\_\_

What colleges, universities or other schools have you applied to?

Please list: \_\_\_\_\_

\_\_\_\_\_

For which college term would you apply this scholarship? Fall: \_\_\_\_\_ Spring: \_\_\_\_\_

What are your goals? \_\_\_\_\_

Degree (s) \_\_\_\_\_

Field (s) of Study \_\_\_\_\_

Career Goal \_\_\_\_\_

**Please list your school and community activities in the boxes below:**

Attach separate sheet if necessary

<b>ACTIVITY</b>	<b>9<sup>th</sup> Grade</b>	<b>10<sup>th</sup> Grade</b>	<b>11<sup>th</sup> Grade</b>	<b>12<sup>th</sup> Grade</b>
Scholastic and School Service Awards				
Student Body and Class Offices				
Athletics, Music, Drama & Other Performance Activity				
Club Activities (indicate any office held)				
Work Experience				
Community Involvement				

**References**

Please list three persons we may contact for further reference (include at least one teacher):

**A teacher of any subject taken during high school junior or senior year:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**A school counselor or other administrative official of your current high school:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**One other person, not related to you, who you feel knows you well enough to comment on your prospects for career or academic success:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**APPLICANTS AFFIDAVIT**

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have attended or am attending those institutions as listed. If requested, I will provide a transcript of all high school credits to the Scholarship Committee. I also understand that qualifications for this scholarship are subject to verification by official records from the institutions I have attended and contingent upon satisfactory completion of all course-work prior to entering college or university.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return this application form to:**

Northern California Juvenile Officer's Association / Scholarship  
P.O. Box 21, Fiddletown CA 95629

The application must be returned by: **MAY 15, 2008**  
Scholarship recipients will be notified by personal letter.