



FLORIDA POLICE ACCREDITATION COALITION, INC.

EDUCATION SCHOLARSHIP

Rules for the FLA-PAC Education Scholarship are as follows:

1. This is a one (1) year Scholarship. The total amount of this scholarship will be \$2,000.00 to be paid to the winner. The recipient of the award will utilize it towards tuition, books, etc. in pursuit of a degree from an accredited college or university or towards costs of attending a Law Enforcement or Corrections Academy for the purposes of state certification.
2. The applicant must be the immediate family member of an Accreditation Manager or Accreditation Specialist who is employed by an accredited agency or department that is a current member of the FLA-PAC. The applicant shall be considered an "immediate family member" only if the applicant is a son, daughter, stepson, stepdaughter, grandson, granddaughter, or legally adopted child of the applicant.
3. The applicant must be a high school senior or entering any year of an accredited college, university, or police/corrections academy.
4. The selection of the winner(s) shall be made by the Scholarship Committee of the Florida Police Accreditation Coalition, Inc (FLA-PAC).
5. Applications must be sent by e-mail to:

FLA-PAC
Second Vice President
SecondVP@FLA-PAC.org

6. The scholarship winner shall receive notification by phone, e-mail, or mail.
7. The award check will be sent directly to the recipient's college or university.
8. The scholarship application and essay must be typed.
9. Application rules are subject to change, please visit www.fla-pac.org for updates.
10. The application is also available on-line at www.fla-pac.org.

The Florida Police Accreditation Coalition, Inc. (FLA-PAC) provides equal opportunities regardless of race, sexual orientation, age, pregnancy, national origin, religion, color, creed, gender, ancestry, marital status, or disability.

**FLORIDA POLICE ACCREDITATION COALITION, INC.
EDUCATION SCHOLARSHIP APPLICATION**

For the _____ school year

Full Name:		Nickname:	
Mailing Address:			
City:		State:	Zip:
Home Phone #:		Cell Phone #:	
Date of Birth:			
Father's Name:		Mother's Name:	

High School Attending:			
City:		State:	Zip:
Weighted GPA:		Unweighted GPA:	

(If necessary, please utilize additional sheets)

All applicants must be an immediate family member (son, daughter, stepson, stepdaughter, grandson, granddaughter, or legally adopted child) of an Accreditation Manager or Accreditation Specialist who is a full-time, paid (sworn or civilian) employee of a current member agency of the FLA-PAC. Please complete the following information for that employee:

Parent/Grandparent/Legal Guardian Name:	
Agency Name:	
Position Held:	

My intended career path after college is:

☐ Law Enforcement ☐ Corrections ☐ Police/Corrections Academy

or Intended course of study: _____

What experience, if any, have you had related to law enforcement, corrections, or the courts? Give details, including dates, locations, and duties.

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FLORIDA POLICE ACCREDITATION COALITION, INC.
EDUCATION SCHOLARSHIP APPLICATION

List any leadership positions you have held in school and/or community organizations, and which of those positions you now hold:

List all awards you have received, the sponsoring organizations, the reason for your winning, and date of award:

Name of community college, college or university you will be attending in the ____ school year ***(Must be an accredited institution)***:

Name of School:					
City:		State:		Year Accredited:	

Have you been accepted to the school of your choice? *(If yes, please include a copy of your acceptance letter along with the application)* ☐ Yes ☐ No

Which specific degree or certification will you be working towards? _____

**FLORIDA POLICE ACCREDITATION COALITION, INC.
EDUCATION SCHOLARSHIP APPLICATION**

ATTACHMENTS

1. A certified copy of your most recent transcript (High School or College).
2. An original, typed essay between 550 and 800 words on why you should be awarded the scholarship, what course of study you will be pursuing, and how it supports those efforts of law enforcement and/or corrections.
3. Two (2) letters of recommendation: one (1) from an employer or educator and one (1) from a person not associated with work or school and who is not a family member.

In order to qualify for consideration, all materials must be received by e-mail, no later than the January 31st prior to the June conference, during which the scholarship will be awarded.

All submissions become the sole property of the Florida Police Accreditation Coalition, Inc.

**FLORIDA POLICE ACCREDITATION COALITION, INC.
EDUCATION SCHOLARSHIP APPLICATION**

**APPLICANT'S OATH & APPROVALS
APPLICANT'S OATH**

As an applicant for a FLA-PAC Scholarship:

I hereby certify that I have read, understand, and agree to the application eligibility criteria for the FLORIDA POLICE ACCREDITATION COALITION, INC. (FLA-PAC) EDUCATION SCHOLARSHIP. I certify that I have answered all questions truthfully to the best of my knowledge and that any supplemental information attached to this application is my work product and not the work of others. I understand and agree that my application does not in any way entitle me to receive a scholarship and I agree that the decision of the Scholarship Committee is final, binding, and not subject to appeal. I understand that this scholarship is a one-time award that is limited to **\$2,000**, and should I win the award, I understand that the check will be made **payable to the accredited college or university**. I understand that the award will **ONLY** be utilized towards tuition, books, expenses, and/or supplies to the accredited college or university of my choosing.

I understand that the balance of my educational expenses (tuition, books, lodging, etc.) above the sum of **\$2,000** are my responsibility, and not the responsibility of the Florida Police Accreditation Coalition, Inc.

Signature (Candidate)

Date

Print Name (Candidate)

Signature (Witness)

Date

Print Name (Witness)

Daytime Phone Number (Witness)

**FLORIDA POLICE ACCREDITATION COALITION, INC.
EDUCATION SCHOLARSHIP APPLICATION**

Parent/Grandparent/Legal Guardian Approval and Waiver

I, _____, as parent, grandparent, or legal guardian of the applicant named herein, approve of the application for a Florida Police Accreditation Coalition, Inc. (FLA-PAC) Education Scholarship. In consideration of the benefits derived from this award, I agree that if the applicant should be awarded a scholarship, I hereby voluntarily waive any claim against the Florida Police Accreditation Coalition, Inc., its officers, members, or directors, or any of its subsidiaries, for any and all causes that may arise as a result of being awarded this scholarship.

I HEREBY CERTIFY that I am a full-time (sworn or civilian), paid employee of the:

Agency Name: _____

County: _____

Position Title: _____

FURTHER, I CERTIFY that my son, daughter, stepson, stepdaughter, grandson or granddaughter plans to attend an accredited community college, college, or university.

Signature (Parent/Grandparent/Legal Guardian)

Date

Print Name (Parent/Grandparent/Legal Guardian)

Signature (Witness)

Date

Print Name (Witness)

Daytime Phone Number (Witness)

*****DEADLINE*****

This application must be completed and received at the Florida Police Accreditation Coalition, Inc. no later than the January 31st prior to the June conference, during which the scholarship will be awarded. The scholarship winner will be notified shortly thereafter.