

# 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 beginning in 1988. During this time, FASRO has awarded over a half-million dollars to students to assist them in obtaining their goal of a college education. The FASRO Board of Directors will continue to seek more funding to help our students achieve the educational knowledge they desire.

To nominate a student for a FASRO scholarship, please complete the attached application. Applications should be submitted to the FASRO Scholarship Committee by April 1<sup>st</sup> of each current calendar year. Scholarship recipients will be announced at our annual training conference.

If you are a business that would be interested in endowing a scholarship, please email this link: [Scholarship Committee](#).

All applications can be saved and sent to the Scholarship Committee by clicking this link: [Scholarship Committee](#).

*Protecting our Most Precious Resource, Our Children*

# FLORIDA ASSOCIATION OF SCHOOL RESOURCE OFFICERS



## SCHOLARSHIP APPLICATION

### *Purpose and Goal:*

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

- Academic Performance
- School and Community Involvement
- Personal Statement of Applicant
- Exemplary Citizenship
- Continuing Education Reimbursement

### *Eligibility Requirements:*

Any student enrolled in a Florida school at the time of application in the twelfth grade or any current FASRO members seeking tuition reimbursement from a course completed in the last 12 months. Winners will receive a cash award in the amounts of \$1,000 to \$5,000, based upon the review of the Scholarship Committee. 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.
- The student's personal statement is a very critical section in the application; quality more than quantity is valued by the Scholarship Committee.
- High School students only
  - Three letters of recommendation must be attached (1-School, 2-Community, 3-Family)
  - An up-to-date copy of the student's high school transcript must be attached.
  - All applicants under the age of 18 must sign attached "Attestation and Disclaimer" form
- Current FASRO Members only
  - An up-to-date copy of the members college transcript must be attached.

The entire packed must be submitted by April 1<sup>st</sup> of the current calendar year.

All selected applicants, as well as the School Resource Officer, will be notified of selection by email.



# SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
Last First MI Date of Birth

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

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

*High School Students Only*

Home Telephone: \_\_\_\_\_ School Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Name of SRO and Telephone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Student Lives With:  Both Parents  Father  Mother  Guardian  Other Relative  Step-Parent

Parent's Marital Status:  Married  Divorced  Other

Number of Brothers and Sisters: \_\_\_\_\_ Under age 18 \_\_\_\_\_ In College \_\_\_\_\_ Other

My signature below indicates 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's Signature Date

The School Resource Officer's signature **MUST** be included along with contact information for verification. I endorse this student and have reviewed this student's application for completeness.

\_\_\_\_\_  
Name of School Resource Officer SRO Phone SRO Email

\_\_\_\_\_  
SRO Signature Date

*Current FASRO Members Only*

Agency: \_\_\_\_\_

Rank: \_\_\_\_\_

Years of Service: \_\_\_\_\_

Years as FASRO Member: \_\_\_\_\_

Degree Major: \_\_\_\_\_

Name of College: \_\_\_\_\_

My signature below indicates 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.

\_\_\_\_\_  
FASRO Member Signature

\_\_\_\_\_  
Date

*Required Materials Checklist*

- Pages 1-4 Completed in Full
- Three Letters of Recommendation (High School Students Only)
- Attestation and Disclaimer (Under the age of 18)
- High School Transcript (High School Students Only)
- College Transcript (Current FASRO Members)

*Student Activities*

List activities (clubs, organizations, sports) in which you have participated during high school or college, 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(s)	Leadership/Position	Accomplishments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



*Work Experience*

List any previous employment during high school or in law enforcement.

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: \_\_\_\_\_ (If applicable)

Class Rank, Total Number in Class: \_\_\_\_\_ (If applicable)

### *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.



# SCHOLARSHIP APPLICATION

## Attestation and Disclaimer

### High School Applicant under the Age of (18)

I, \_\_\_\_\_, an applicant for the Florida Association of School Resources 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 Scholarship 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. In addition, 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: \_\_\_\_\_