



## MISSISSIPPI ASSOCIATION OF CHIEFS OF POLICE SCHOLARSHIP APPLICATION

**Scholarship Amount:** \$500.00

**Who is eligible?** High School Seniors who are the siblings of MACP active members in good standing, who plan to pursue undergraduate studies at an accredited college or university.

Applications will be taken January 1<sup>st</sup> through April 1<sup>st</sup>. The winners will be selected during the annual summer conference and notified immediately.

### **Application Process:**

- 1) Complete, sign and mail the application form to the address listed before the deadline of April 1<sup>st</sup>.
- 2) The MACP active member must sign and date the application.
- 3) Include three letters of recommendation. The letters should come from individuals having knowledge of your achievements and potential.
- 4) A copy of your latest high school transcript and ACT or SAT results.
- 5) A handwritten personal essay consisting of 150 words or less stating your career objectives, how college ties into those, and how you expect to contribute to society.

### **Checklist:**

- Application
- Letters of Recommendation
- ACT or SAT results
- High school transcripts
- Photograph
- Handwritten and signed personal essay

## APPLICATION

Please type or print all responses

Full Name : \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Home Telephone Number: (        ) \_\_\_\_\_ - \_\_\_\_\_.

Parent or Guardian: \_\_\_\_\_

Address: (if different from above): \_\_\_\_\_

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

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

School Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Class Ranking: \_\_\_\_\_ out of \_\_\_\_\_.

Overall Grade point average: \_\_\_\_\_

American College Test (ACT)

Composite Score: \_\_\_\_\_

Last Date Taken: \_\_\_\_\_

Scholastic Aptitude Test (SAT)

Total Math and Verbal Scores: \_\_\_\_\_

Last Date Taken: \_\_\_\_\_

College or University you plan on attending (limit two)

Name: \_\_\_\_\_ Date applied : \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Name: \_\_\_\_\_ Date applied : \_\_\_\_\_ Date Accepted: \_\_\_\_\_

Academic honors, awards and leadership positions categorized as follows: (use additional pages if necessary)

Elected  
Positions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Positions: \_\_\_\_\_

Club  
Memberships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic  
Honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work  
Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Awards and  
Honors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of MACP member: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's  
address: \_\_\_\_\_  
\_\_\_\_\_

Name of Mother: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and ages of other dependant children:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Children in College: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount of other scholarships awarded to applicant: \$ \_\_\_\_\_

**Mail Application To:**

**ATTACH PHOTOGRAPH BELOW**

Mississippi Association of Chiefs of Police  
Scholarship Committee  
PO Box 2416  
Oxford, Mississippi 38655