



The Vera Thomasee/Pat Landry Memorial Scholarship

\$1,000 Scholarship

**Criminal Justice
Business Administration**

Application Deadline: April 1, 2019

Qualifications: Must be a student enrolled or going into Criminal Justice or Business Administration Program at an accredited university, junior college or vocational/technical school. One scholarship will be awarded. Student must travel to Baton Rouge to receive award on April 26, 2019.

**Mail applications to: LASCP
Attn: Scholarship Committee
14 Town East Drive
Monroe LA 71203**

Email Questions/applications to: lasecretaries@gmail.com

Complete and submit the application along with the required attachments:

- ◇ **Scholarship Application**
- ◇ **Letter of Interest for scholarship**
- ◇ **Resume of extracurricular & community activities**
- ◇ **Two letters of recommendation**
- ◇ **Transcript or GED & ACT/SAT score**
- ◇ **Letter of Acceptance or a paid fees invoice from a college/trade school**

Sponsored by the Louisiana Association of Secretaries to Chiefs of Police

**Louisiana Association of Secretaries to the Chief of Police
Scholarship Application**

Scholarships Are:

- Granted in the amount of \$ 1,000.00 paid directly to the recipient.

Applicant Must Be:

- A Louisiana native and/or graduate of a Louisiana high school/Accredited GED.
- Willing and able to travel at your own expense to the LASCP Spring Conference in Baton Rouge, Louisiana on Friday, April 26, 2019 to receive the scholarship award in person.

While at Accepted College or Trade School You Must:

- Maintain a 2.5 Cumulative GPA.
- Take courses in a Criminal Justice program or Business Administration program.

Please Note:

- Applications must be received by April 1, 2019
- Attach a letter stating why you are seeking this scholarship.
- Attach a resume of extracurricular and community activities.
- Attach a copy of your transcript, GED, ACT score, and/or SAT score as applicable.
- Attach two letters of recommendation.
- Attach Letter of Acceptance or a PAID "Fees Invoice" from the college or trade school you will be attending.

I (Print full name) _____, do acknowledge I understand all of the rules governing this scholarship as stated above and that all of the information furnished on the application is correct to the best of my knowledge.

If any information has been found false, then this scholarship may be revoked by the Louisiana Association of Secretaries to the Chiefs of Police and will be subject to interest from the time scholarship is cashed with any additional collection cost (if needed). Upon being informed that the scholarship has been revoked, I will have 10 days to appeal directly to Louisiana Association of Secretaries to the Chiefs of Police by certified return receipt mail.

All final decisions will be made by the Louisiana Association of Secretaries to the Chiefs of Police.

Signature of Applicant

Date

Louisiana Association of Secretaries to the Chiefs of Police SCHOLARSHIP

APPLICANT INFORMATION

| | | |
|-------------------|--------|-----------|
| Name: | | |
| Date of birth: | SSN: | Phone: |
| Physical address: | | |
| City: | State: | ZIP Code: |
| Mailing Address: | | |
| City: | State: | ZIP Code: |

MARITAL STATUS

| | | |
|---------------|---------------|----------------------------|
| Single: _____ | Married _____ | If married name of Spouse: |
|---------------|---------------|----------------------------|

SCHOLASTIC DATA

| | | |
|---|--------|-----------|
| School or who issued GED: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| List high school/transfer school activities, organizations and/or honor received: | | |
| Attach separate sheet if necessary: | | |

Applicant School Info

| | | | |
|--|------------|------------|----------------------|
| Cumulative GPA: | ACT Score: | SAT Score: | Graduation/GED Date: |
| List other scholarships you have been awarded: | | | |

Family Information

| Names | AGE | OCCUPATION | EMPLOYER | Estimated Annual Gross Salary |
|-----------------------------|-----|------------|----------|-------------------------------|
| Father/Guardian (full name) | | | | |
| Mother/Guardian (full name) | | | | |

Name of Brothers and sisters and their age:

COLLEGE OR TRADE SCHOOL ANTICIPATED TO ATTEND

| | | |
|---------------------------------|--------|---------------|
| Name of School: | | |
| Mailing Address: | | |
| City: | State: | ZIP Code: |
| Planning to Live on Campus: Yes | No | Commute from: |

Anticipated Major (Must fill in):

Signature

Date