

## LEONARD MILLER MEMORIAL SCHOLARSHIP

### Criteria:

1. Student must plan to further his or her education in law enforcement/criminology or a closely related field.
2. Student must be a senior at Apollo-Ridge High School
3. Academic potential of further education
4. Must be accepted and enrolled in an institution of higher learning or training

All applications must be turned into Mrs. Lukehart on or before April 20, 2022.

**APPLICATION FOR THE LEONARD MILLER MEMORIAL SCHOLARSHIP**

Please <b>type</b> or <b>write your answers with pen</b>	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____ County: _____
3.	Daytime Telephone Number: (     ) _____
4.	Date of Birth:   Month           Day           Year
5.	Year of Graduation: _____ Social Security Number: _____
6.	Major Field of Interest: _____ Date you start College: _____
7.	Name of college(s) applied to and been accepted: _____ City college located in _____
8.	<b>How do you propose to finance you education?</b> A. By parents _____ B. By loans _____ C. By earnings _____  Please explain:  Other pertinent information that needs known on your financial status:
9.	Name of parent or guardian who supports you:  Father's Occupation: _____ Place of employment: _____  Mother's Occupation: _____ Place of employment: _____
10.	Total yearly income:  (Please attach copy of most recent income tax returns)

11.	<p>How many children in your family live at home? (Do not include yourself)</p> <p>Ages:</p> <p>How many brothers or sisters in college?</p> <p>Where?</p> <p>Other relatives in the home, if any, supported wholly by your parents:</p>
12.	<p>List extracurricular activities, (include clubs, sports, and community activities <b>and</b> indicate offices or positions held)?</p>
13.	<p>List any other distinctions or honors you have won, scholastic or otherwise?</p>
14.	<p>List two teachers who know you, and one other reference (not a teacher).</p> <p>1. Name: _____ Position: _____</p> <p>Address: _____ Phone Number: _____</p> <p>2. Name: _____ Position: _____</p> <p>Address: _____ Phone Number: _____</p>

	<p>References continued:</p> <p>3. Name: _____ Position: _____</p> <p>Address: _____ Phone Number: _____</p>
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I declare that the information reported on this form to the best of my knowledge is true, correct, and complete.

Date:

Signature of Applicant:

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**TO BE COMPLETED BY GUIDANCE COUNSELOR**

Rank in class \_\_\_\_\_ out of \_\_\_\_\_.

Scholastic Aptitude Test:

G.P.A. \_\_\_\_\_

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_

Verbal \_\_\_\_\_ Math \_\_\_\_\_ Date \_\_\_\_\_