

Ventura County Deputy Sheriffs' Association 2020 Student Scholarship Application

ELIGIBLE APPLICANTS

Open to dependent children (not grandchildren) of active members of VCDSA in good standing, or of retired members of VCDSA in good standing with ten (10) consecutive years of active membership immediately prior to retirement, or of medically retired members of VCDSA in good standing with five (5) consecutive years of active membership immediately prior to retirement, or of survivors of active or retired members in good standing as described above. No student may receive a VCDSA scholarship more than once. **Answer all questions completely.**

The following criteria will be considered for scholarships: Academic achievement, school activities, community service and information contained in a handwritten essay.

REQUIREMENTS

1. Grade point average of 2.5 or higher (based on a 4.0 system) upon high school graduation who has been accepted at an accredited college or university, or a full-time college student presently enrolled at an accredited college or university (12 units or more). If less than 12 units, please include a brief explanation.
2. Scholarship is to be used for scholastic fields only
3. Applicant must submit a copy of high school transcripts (official or unofficial) through your most recent semester. 1st year college students must also submit high school transcripts.
4. **Essay:** Applicant must submit a one-page, handwritten or typewritten composition, discussing such items as your educational goals, your career goals and community involvement. Briefly describe yourself, your family, personal interest, etc. (500 word minimum).
5. **List three (3) references** including name, address and phone number.
6. **ALL THE ABOVE MUST BE COMPLETED OR YOU WILL BE DISQUALIFIED**
7. **APPLICATION MUST BE RECEIVED TO VCDSA OFFICE NO LATER THAN 4:00 P.M. Friday, March 27, 2020.**

Name (First, Middle Initial, Last)	Date of Birth	SS#
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Address	City	State	Zip Code	Phone
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Father/Mother's Name (VCDSA Member)	Rank/Assignment	Work Phone
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Relationship to VCDSA member who qualifies you (e.g. Son/Daughter): _____

Check box that applies: [] Current High School Student [] College Student

School Currently Attending: _____

School Address: _____

City: _____ State/Zip: _____

Date of Graduation: _____ Your Current GPA/ Weighted: _____ Unweighted: _____

College or Institution: [] Applying [] Accepted [] Attending

College/Institution Name: _____

Address: _____ City: _____ State/Zip: _____

Start Date: _____ Major Field of Study: _____ Degree/Objective: _____

List additional high schools/colleges attended:

<u>Name of School</u>	<u>Address/City/State/Zip</u>	<u>Dates of Attendance</u>

University or college you will be/are currently attending: _____

How many units do you expect to be taking? Fall Semester/Quarter: _____ Spring Semester/Quarter: _____

SCHOOL AND COMMUNITY ACTIVITIES:

- Academic Awards and Honors:

- Athletic Participation:

- Student Body Offices Held:

- Community Service/Awards or Honors:

REFERENCES:

Verification: All information contained within my application and essay is true and correct to the best of my knowledge. We give our permission for the VCDSA Scholarship Committee to verify any information submitted. The information contained within the application and essay will be held strictly confidential by the VCDSA Scholarship Committee.

Signed (Applicant): _____ Date: _____

Signed (VCDSA Member): _____ Date: _____

**Return to: VCDSA, Attn: Scholarship Committee
981 S. Victoria Avenue, Ventura, CA 93003**