

# WILLIAM A. SNARE SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Email:

Phone:

Current address:

City:

State:

ZIP Code:

## SCHOLARSHIP INFORMATION

Current year? Fr. So. Jr. Sr. Grad (circle one) #Units this Sem/Qtr:

Name of School:

Major:

Address:

# of Transcripts attached:

City:

State:

Zipcode:

Name of advisor:

Phone:

E-mail:

## MEMBER OF ASSOCIATION

CSDIAI Member: Y or N (circle)

Other forensic memberships? Y or N | If yes, name:

## EMPLOYED IN LAW ENFORCEMENT (NOT REQUIREMENT)

Yes or No (if yes complete section)

Dates of Employment:

Agency:

Job Title:

Address:

City:

State:

Zipcode:

## SIGNATURES

I authorize the verification of the information provided and or attached on this form.

**Incomplete applications will not be considered.**

Signature of applicant:

Date:

## Required Supporting Documentation

### Attachments:

**1. Copies of most current transcripts**

**2. Answer to the following question:**

**"If I receive this scholarship, it will benefit me in the following manner"**