GALVESTON COUNTY CITIZEN SHERIFF'S ACADEMY ALUMNI ASSOCIATION

Scholarship Application

Applicant needs to print and fill out all information

Applicant Information

Full Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Student ID: _____

GCSO Sponsor Information

Sponsor Full Name: _____ Relationship: _____

Years with GCSO: _____ Division: _____ Phone: _____

Educational History

High School: _____ Address: _____

Grades: _____ to _____ GPA: _____ Graduate: _____ Phone: _____

College: _____ Address: _____

From: _____ to _____ GPA: _____ Phone: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position: _____ Responsibilities: _____

_____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Position: _____ Responsibilities: _____

_____

Community Service

Please list various volunteer activities you have done to help the community and include contact information. In addition to organizations you may include assisting at school, a neighbor, your church, etc. Use the back of form if needed.

Organization or Individual(s): _____

Date(s): _____ Contact Name: _____

Contact phone: _____ Brief description: _____

_____

_____

Organization or Individual(s): _____

Date(s): _____ Contact Name: _____

Contact phone: _____ Brief description: _____

_____

_____

References

Please list three **personal** references that are not relatives but can attest to your character and ability

Name: _____ Occupation: _____

Years known: _____ Address: _____

City: _____ Phone: _____

Name: _____ Occupation: _____

Years known: _____ Address: _____

City: _____ Phone: _____

Name: _____ Occupation: _____

Years known: _____ Address: _____

City: _____ Phone: _____

Personal Financial Information

List all financial aid you are currently receiving or plan to receive (scholarships, loans, state grants, or other)

_____ _____

_____ _____

Total number in your family: ___ Parent/Guardian total annual income: _____

List any special circumstances you would like to have considered: _____

_____

_____

General Information

What occupation are you preparing for? _____

What colleges or technical schools are you considering or currently enrolled? _____

_____

Why Should You Be Considered for this Scholarship?

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Scholarship Requirements and Payment Procedures

Requirements:

- At least one parent/guardian must be a current active employee of the Galveston County Sheriff's Office
- Earned a C or better grade point average (student to provide copy of school transcripts)
- Submit a **completed** application. If the application is not complete, it will not be considered
- Must have at least one letter of recommendation from a teacher, instructor, principal or counselor
- Must have at least one letter of recommendation from a non-family member of the GCSO
- Enroll for a minimum of 12 hours per semester
- Applications and accompanying paperwork must be received no later than March 31, 2022
- Must have proof of community service (sponsor's name and phone number)
- Eligible candidates will be interviewed
- Previous recipients must meet requirements stated above and must have successfully completed prior semesters

Payments:

Two $1,000 scholarships are presented and paid to the students in $500 increments. The first is paid upon proof of enrollment in the fall semester. The second is awarded for the spring semester provided the recipient has successfully completed the fall semester. Students are required to provide the following before payment is made:

- Proof of enrollment for 12 semester hours or more
- Statement or invoice from the college or institute
- Proof of a C or better grade point average from the previous semester

Acceptance of Terms:

By signing below, I understand and accept the conditions and terms of this scholarship application. I certify that all information I have provided on this form is true and complete to the best of my knowledge. I authorize the release of information on this application and other necessary academic information to the Galveston County Citizen Sheriff's Academy Alumni Association Scholarship Committee.

_____ _____

Signature Date

Submit your application to: GCCSAAA Scholarship Committee – P O Box 791; Dickinson, TX 77539