



## SCHOLARSHIP APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Position/Title/Rank \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Organization/Agency \_\_\_\_\_

Address \_\_\_\_\_

Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Length of time with current department \_\_\_\_\_

Length of time in current position \_\_\_\_\_

Number of sworn personnel in department \_\_\_\_\_

Number of years formal civilian education \_\_\_\_\_

Brief summary of why applicant should be awarded scholarship. If necessary, attach separate document(s).

**Senior law enforcement manager/administrator name and contact information:**

Name: \_\_\_\_\_

Position/Title/Rank: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*For more information, contact CATLET at 800-636-9107, fax 816-817-1003 or [www.catlet.org](http://www.catlet.org).*