



Ohio Identification Officers Association
Scholarship Application



Instructions:

1. Sections A, E and F must be completed and signed by the Applicant
2. Section B must be completed and signed by the University or College Administration
3. Section C must be completed and signed by the Applicant's Academic Advisor
4. Section D must be completed and signed by the Applicant's Employer, if applicable
5. A copy of the Applicant's academic transcript(s) must be enclosed
6. Application must be typewritten or printed legibly in ink

Return completed application and transcript(s) to:

Ohio Identification Officers Association
Jennifer Yoak, Treasurer oioatreasurer@gmail.com
6077 Far Hills Avenue #113
Centerville, OH 45459

Section A (to be completed by the applicant, along with Section E)

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

College/University attending: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Degree Program: Associate Bachelor Masters Doctorate

Major: _____

Have you been convicted of a crime? Yes No

If yes, explain in the "Additional Comments" section at the end of the application

Are you employed by a Law Enforcement Agency? Yes No

Employer: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____

Email: _____ Telephone: _____

Section B (to be completed by College or University Admissions Office, type or print in ink)

Admissions Office Telephone Number: _____

Student's Name: _____

Status: Full-time Part-time

Cumulative Grade Point Average (GPA): _____ GPA in Major: _____

Admissions Officer (print): _____ Title: _____

Signature: _____ Date: _____

Section C (to be completed by applicant's academic advisor, continue at end of application if needed)

Advisor: _____ Title: _____

Email: _____ Telephone: _____

Please comment on applicant's academic work:

What potential does the applicant demonstrate for the fields of Forensic Science, Law Enforcement, and/or Criminal Justice, as applicable?

Please comment on applicant's personal qualities, traits, habits, etc:

Any additional comments:

May we contact you if needed? Yes No

Signature: _____ Date: _____

Section D (to be completed by employer if applicable, continue at end of application if needed)

Please comment on applicant's work habits/ethics:

Any additional comments:

Name: _____ Title: _____

Email: _____ Telephone: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

May we contact you if needed? Yes No

Signature: _____ Date: _____

Section E (to be completed by the applicant)

List Employment History:

Dates	Employer	Address
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section F *(to be completed by the applicant)*

What are your career goals and why did you choose that particular career?

List the courses you plan to take next semester/quarter:

Applicant Pledge and Waiver *(must be signed by the applicant prior to submission)*

By my signature below, I do affirm that my statements are true, accurate and completed to the best of my knowledge. I authorize the Ohio Identification Officers Association to investigate any statement made in this application and to contact my school and/or employers.

Signature: _____ Date: _____

Additional Comments/Information (continued from any section above as needed):