



Ohio Identification Officers Association

Scholarship Application

Instructions:

1. Sections A and E must be completed and signed by the Applicant
2. Section B must be completed and signed by the University of 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. Applications must be either typewritten or printed legibly in ink
6. A copy of the Applicant's academic transcript(s) must be enclosed

Completed application and transcripts returned to:

Ohio Identification Officers Association
 Jennifer Yoak, Treasurer
 6077 Far Hills Avenue #113
 Centerville, Ohio 45459

Section A (to be completed by the Applicant, along with section E on pages 3 and 4)

Name: _____
 Last First MI

Address: _____
 Number/Street or P.O.

 City State Zip (postal code)

College/University attending: _____

Address: _____
 Number/Street or P.O.

 City State Zip (postal code)

Degree program: Associate _____ Bachelor _____ Masters _____ Doctorate _____

What is your major? _____

Have you been convicted of a crime? Yes _____ No _____

If yes, explain (continue on page 4 if needed) _____

Are you employed by a law Enforcement Agency? Yes _____ No _____ Full-time _____ Part-time _____

Employer _____

Address _____
 Street/P.O. Box City State Zip

Supervisor _____ Telephone _____

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

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 _____

Section C (Type or print in ink, to be completed by applicant's academic advisor, continue on page 4 if needed)

Advisor's name _____
Address _____
Street _____ City _____ State _____ Zip _____
Telephone _____
Please comment on applicants academic work _____

What potential does the applicant demonstrate for the fields of the Forensic Sciences? _____

Please comment on the applicants personal qualities, traits, habits etc. _____

Any additional comments _____

Signature _____ Title _____ Date _____

Section D (Type or Print in ink, to be completed by employer if applicable, continue on page 4 if needed)

Please comment on the applicants work habits/ethics _____

Any additional comments _____

Name _____ Title _____
Signature _____ Date _____
Business Name _____
Address _____
Street _____ City _____ State _____ Zip _____
Telephone _____ May we contact you if necessary Yes _____ No _____

Section E (Type or print legibly in ink, to be completed by Applicant)

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

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

List Employment History :

Dates	Employer	Address	Job title/duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Pledge and Waiver (must be signed by the applicant before application will be accepted)
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 of Applicant _____ Date _____

Date received _____ By _____

Application reviewed by _____

Status: Approved _____ Denied _____ By _____ Date _____

Comments _____

Additional Comments/Information (continued from sections A, C, D or E): _____
