

SAN JOSE POLICE EMERALD SOCIETY MEMORIAL SCHOLARSHIP

Please return completed application
via email to: sjpoliceemeralds@gmail.com

PERSONAL INFORMATION

APPLICANT'S NAME

First _____ MI _____ Last _____

US CITIZENSHIP (____) yes

HOME ADDRESS

Street Address _____

City _____ State _____ Zip _____

TELEPHONE

Home: (____) _____

Other: (____) _____

EDUCATION INFORMATION

FOR GRADUATING HIGH SCHOOL SENIORS

High School Name _____

City/State _____

Graduation Month/Year _____

FOR FULL-TIME COLLEGE STUDENTS

School Name _____

Intended Major (if applicable) _____

City/State _____

**SAN JOSE POLICE EMERALD SOCIETY MEMORIAL SCHOLARSHIP
APPLICATION**

SPONSOR INFORMATION

FOR POLICE OFFICERS

Sponsor Name _____

Police Department _____ Badge Number _____

Home Address _____

City _____ State _____ Zip _____

Email Address _____

FOR MEMBERS OF THE SAN JOSE POLICE EMERALD SOCIETY

Sponsor Name _____

Member in good standing for at least 6 months prior? (____) yes

Home Address _____

City _____ State _____ Zip _____

Email Address _____

ESSAY

Respond to each of the following prompts with an essay between 200 and 250 words. Print the essay in size 12 Times New Roman font with the precise word count noted in parentheses at the end of the response.

1. What inspires you to pursue a career in law enforcement, criminal justice, and/or public safety? How do you envision your future self in this field?
2. What experience in law enforcement, criminal justice, and/or public safety makes you an attractive candidate for this Memorial Scholarship?

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CERTIFICATIONS

By the signature below, to the best of my knowledge, I certify that the information contained in this application and in all attachments to be true and accurate.

Applicant's Signature _____ Date _____

Sponsor's Signature _____ Date _____