

Maryland Correctional Administrators Association

Memorial Scholarship Fund
College /Graduate School Application

1. Applicant Information

A. Applicant Name: _____
Last First Middle

B. Permanent Mailing Address: _____

City State Zip Code

Home Phone Work/Cell Phone

C. Name of Correctional Facility /Agency Employed By (if applicable) _____

Address of Employer Phone Number

D. SSN: _____ E. Date of Birth: _____

E. Are you a citizen of the United States: Yes _____ No _____

F. High School Attended (If not employed by a correctional facility) _____

Street Address City State Zip Code

Name of Parent/Guardian Employed by correctional facility/agency _____

Name of Facility/Agency Employing Parent/Guardian _____

G. Current Student Status: (Check as appropriate)

1. High School Senior: ____

2. College: ____

Full Time: _____

Part Time: _____

≥ 12 Hours

≤ 12 Hours

Graduate Student: ____ Senior: ____ Junior: ____ Sophomore: ____

Freshman: ____

H. Date of Graduation _____

Class Rank (if a high school senior, only) _____

I. **Current GPA:** High School (If high school senior only) _____

II. **Current GPA:** College: _____

I. List all Awards/Certificates/Significant Accomplishments within the past 24 months: _____

J. List three references:

1. _____
Name

Address

City/State/Zip Code

Phone Number

2. _____
Name

Address

City/State/Zip Code

Phone Number

3. _____
Name

Address

City/State/Zip Code

Phone Number

Note: High School Graduates refer to instructions regarding additional requirements

K. Current or Intended Major: _____

L. Institution you are currently attending or plan on attending

Name

Address

City/State/Zip Code

Phone Number

M. On a separate page write an essay (500 word maximum) describing your interest in Corrections/Criminal Justice and why you are the best candidate for the Scholarship.

Certification:

I hereby certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any information found to be incorrect, untrue or false will result in disqualification of this application.

I further certify that I am either an employee of an MCAA member agency, an MCAA member, the spouse of an MCAA member or the legal dependant of an MCAA member.

MCAA Member Sponsor Name (Print)

MCAA Member Sponsor Signature
(Current MCAA member in good standing)

Date

Applicant Name (PRINT)

Applicant Signature

Date