

JOSEPH C. MENEZES SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Application Date: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Contact Number: () _____ e-mail address: _____

EDUCATIONAL INFORMATION

High School: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: () _____ e-mail address: _____

Have you been accepted for post secondary education? (Yes / No) _____

Date of Acceptance: _____ (MUST submit proof of acceptance with this application)

Name of School: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: () _____ e-mail address: _____

Type of Program Enrolled (Masters, Bachelors, Associates, Certificate) : _____

Field of Study: _____ Type of Study: (Full-time): _____

(Part-time): _____

MAINE CHAPTER INFORMATION

Are you a current member of the Maine Chapter I.A.A.I.? (Yes / No) _____ (If no, continue)

Name of Maine Chapter Sponsor: _____

Relationship to Maine Sponsor: _____

Signature of Sponsor: _____ Date: _____

Signature of Applicant: _____ Date: _____

Please submit a short essay of your education & future goals in public safety and how the scholarship will be used.

**Maine Chapter IAAI
Attn: Scholarship Committee
PO Box 1101
Auburn, ME 04211-1101**