



## MINNESOTA ASSOCIATION OF WOMEN POLICE

### MEMORIAL SCHOLARSHIP APPLICATION

The Minnesota Association of Women Police has established 2 scholarships in memory of police officers Karen Rice and Melissa Schmidt. Karen Rice, a Mille Lacs County Deputy, died from injuries sustained in a traffic accident while enroute to work in 1982. Melissa Schmidt, a Minneapolis Police Officer, was killed in the line of duty while on a disturbance call in 2002.

The scholarship's purpose is to provide financial assistance to qualified women seeking a career in law enforcement. To qualify, the female student must be within twelve (12) months of successfully completing a P.O.S.T. approved law enforcement program at the time of application. Applications may be obtained from the law enforcement coordinator of your program or directly from MAWP's website: [www.mnwomenpolice.org](http://www.mnwomenpolice.org).

The application consists of three parts:

1. A personal history form to be completed by the applicant.
2. An endorsement from, to be completed by the Chief of Police or Sheriff of the candidate's home community, or by any licensed peace officer who has knowledge of the candidate.
3. An official transcript of law enforcement courses taken to date.

Applications must be submitted between August 1st and March 1st (Any applications submitted prior to November 1st or after March 1st will not be considered.) Any incomplete applications will not be considered.

Send completed applications to:

MAWP Memorial Scholarships  
 Minnesota Association of Women Police  
 7100 147th St W  
 Apple Valley, MN 55124

Any questions, please contact MAWP at address above or by email: [mawpcommunications@gmail.com](mailto:mawpcommunications@gmail.com)

The scholarship will be awarded in May at the Annual Conference. The Scholarship Committee, in making this selection of awards, intends to achieve representation from all geographical areas of the state.

- Any falsified information submitted will disqualify the applicant and any expended funds must be reimbursed to MAWP.
- All elements of the application will be considered in the selection process; however, preference may be given to those candidates demonstrating a definite financial need.
- Each award will be a minimum of \$450.00.



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### MEMORIAL SCHOLARSHIP APPLICATION

#### APPLICATION INSTRUCTIONS

To apply for the MAWP Memorial Scholarship, you must be a female law enforcement student within twelve (12) months of successfully completing a P.O.S.T. approved law enforcement program. Your application must be submitted between November 1st and March 1st. Applications submitted at any other time will not be considered.

Please type or print your application. Applications that are incomplete or illegible will not be considered.

To apply, follow these instructions:

1. Complete all four (4) pages of the application – Form 3. If a question is “not applicable” in your case, write – N/A. Use additional sheets of paper if necessary. You must sign the completed application form.
2. Obtain a written endorsement – Form 4, from a Minnesota licensed peace officer. It is your responsibility to follow up on the completion and forwarding of this form.
3. Obtain and enclose an official transcript of your courses and grades from the law enforcement program you are attending or have attended in the past.
4. Mail the completed application, officer endorsement and program transcripts in one completed package, with sufficient postage, to the following address:

**MAWP MEMORIAL SCHOLARSHIPS**  
**Minnesota Association of Women Police**  
**7100 147th St W Apple Valley, MN 55124**

The Minnesota Association of Women Police does not discriminate. All applicants that qualify and complete all the necessary documents described above are considered for the scholarship.

The Scholarship Committee wishes each applicant the best of luck. However, each year, we received applications that are missing the required documents. To ensure your consideration, please RE-CHECK your application, prior to mailing, and use the above list to check off your documents.

The scholarship recipient will be invited to be honored at the annual Minnesota Association of Women Police Annual Conference and will also receive a 1 year membership in the association.



## MINNESOTA ASSOCIATION OF WOMEN POLICE

### MEMORIAL SCHOLARSHIP APPLICATION

#### Personal History Application Form

There are four pages contained in Form 3. Please type or print your answers legibly. Answer all questions completely or explain your reason for not answering. Use additional sheets if necessary, clearly indicating which question(s) you are answering. Good Luck. REMEMBER TO SIGN YOUR COMPLETED FORM.

#### **I. PERSONAL DATA:**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Driver's License Number (optional) \_\_\_\_\_ State \_\_\_\_\_

List any other names you have used (include Maiden name): \_\_\_\_\_

\_\_\_\_\_

Chronologically list all of your residences in the past ten (10) years. Use additional sheets if necessary

Dates To:	Dates From:	Address (Street, City, State Zip)

#### **II. EDUCATION:** List your High School and all Post-Secondary education

Name of School	Location	Dates	Course	Degree(s)

MAWP OFFICE USE ONLY

Date Received: \_\_\_\_\_

Enclosed Form 4: \_\_\_\_\_

Transcript: \_\_\_\_\_

Final Score: \_\_\_\_\_

Continued:

**EDUCATION: List your High School and all Post-Secondary education**

Name of School	Location	Dates	Course	Degree(s)

**III. EMPLOYMENT:** List all employment experiences, chronologically, including part time and summer work. Account for periods of unemployment with dates and reason (if any). Use additional sheets if necessary.

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Employer: \_\_\_\_\_ Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Reason for leaving: \_\_\_\_\_



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**IV. MILITARY SERVICE:** Have you served in the military? YES  NO

*If you checked "Yes", continue with the two military questions below. If you checked "No", disregard the next two questions and continue the application with Section V. "Law Enforcement Activities".*

**DESCRIBE MILITARY EXPERIENCE:** (Include branch, rank, date, serial number and any specialties or experiences appropriate to this scholarship.)

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Honorably Discharged? Yes  No

**V. LAW ENFORCEMENT ACTIVITIES:** List or describe any law enforcement related activities, whether paid or voluntary, and include dates.

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**VI. PERSONAL REFERENCES:** List at least four (4) people that have personally known you for the last five years.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Years Known: \_\_\_\_\_

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Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Years Known: \_\_\_\_\_



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**VII. ORGANIZATIONS:** List all organizations and associations in which you have been a member or were affiliated with in the last ten (10) years.

**VIII. STATEMENT OF NEED:** Describe, in no less than 150 words, why you are applying for this scholarship. Include information relative to your financial need. Use additional sheets if needed.

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Designate the law enforcement program you are attending and the approximate beginning and completion dates. Including the date you will complete the skills portion.

Program: \_\_\_\_\_

Beginning dates: \_\_\_\_\_ Completion dates: \_\_\_\_\_

I affirm that the information supplied in this application is true and correct to the best of my knowledge.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date of Signature



## MINNESOTA ASSOCIATION OF WOMEN POLICE

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#### Endorsement Form

This form is to be completed by the Chief of Police or Sheriff of the applicant's home community, or by a licensed Peace Officer who knows the applicant.

Applicant's Name: \_\_\_\_\_

Length of time applicant has been known to person completing this form: \_\_\_\_\_

Please check the appropriate box, based on the key below. Any comments will be most helpful in our selection process. Thank you for your assistance.

	5	4	3	2	1	U	Comments
Judgement							
Initiative							
Oral Communication							
Written Communication							
Leadership							
Cooperation							
Character							

Additional Comments: \_\_\_\_\_

5-Excellent  
4-Above Average  
3-Average  
2-Below Average  
1-Unacceptable  
U-Unknown/Not sure

Preparer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_

Department Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_