



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.

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

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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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.

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MEMORIAL SCHOLARSHIP APPLICATION

Personal History Application Form

MAWP OFFICE USE ONLY

Date Received: _____

Enclosed Form 4: _____

Transcript: _____

Final Score: _____

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) |
|----------------|----------|-------|--------|-----------|
| | | | | |

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.)

Honorably Discharged? Yes ☐ No ☐

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

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: _____

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.

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



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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: _____