



Southern California Juvenile Officers Association

Application Personal Information

Last Name _____ First Name: _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Birth date: _____ Male Female

SCJOA Membership Qualification

Name of SCJOA Member who qualifies you as a scholarship applicant:

Last Name: _____ First Name: _____ M.I. _____

Member's Business Address: _____

City: _____ State: _____ Zip: _____

Name of Agency: _____

Relationship to you: _____

Is SCJOA member Active or retired

NOTE: The SCJOA member, must have been a member for the six months prior to the date the dependent makes application for the scholarship

Your Education History

Name(s) of Schools Attended (9 th – 12 th grade)	Location (City & State)	Dates of Attendance	G.P.A. (Estimated)

Please list expected graduation date from High School: _____

What college and/or universities have you applied to?

Please list: _____

For which college term would you apply this scholarship?

Fall: _____

Spring: _____

What are your goals?

Degree (s) _____

Field (s) of Study _____

Career Goal _____

REFERENCES

Please list three persons we may contact for further reference (include at least one teacher):

a. A teacher of any subject taken during high school junior or senior year:

Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

b. A school counselor or other administrative official of current high school:

Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

c. One other person, not related to you, who you feel knows you well enough to comment on your prospects for career or academic success:

Name: _____ Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

How did you hear about the Southern California Juvenile Officers Association Scholarship?

SCJOA Newsletter: _____ SCJOA Member: _____ Other (Please Explain): _____

Please list your school and community activities in the boxes below:

Attach separate sheet if necessary

ACTIVITY	9 TH	10 TH	11 TH	12 TH	OTHER
Scholastic and School Service Awards					
Student Body and Class Offices					
Athletics, Music, Drama & Other Performance Activity					
Club Activities (indicate any office held)					
Work Experience					
Community Involvement					

Please return this application form to:

Southern California Juvenile Officers Association
 P.O. Box 86122
 Los Angeles, CA 90086-0122

The application must be returned by: **FEBRUARY 1, 2006**

Scholarship recipients will be notified by personal letter and their names will be announced in the SCJOA Newsletter.

APPLICANTS AFFIDAVIT

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have attended or am attending those institutions as listed. If requested, I will provide a transcript of all high school credits to the Scholarship Committee. I also understand that qualifications for this scholarship are subject to verification by official records from the institutions I have attended and contingent upon satisfactory completion of all course-work prior to entering college or university.

Date: _____ Printed Name: _____

Signature: _____