

SENIOR POLICE EXECUTIVE ANGEL CALZADILLA/DO THE RIGHT THING



POLICE MEMORIAL SCHOLARSHIP APPLICATION

FOR THE

MIAMI POLICE ACADEMY – DEADLINE 4/16/2021

APPLICANT INFORMATION

Last Name	First Name	M.I.	Date
Date of Birth (MM/DD/YY): _____			
<p>(Miami-Dade County high school seniors may apply but must be at least 19 years of age upon completion of the police academy. Once awarded the scholarship (\$6,000 maximum applied to tuition and expenses), you will have 2 years upon which to apply to, be accepted and begin classes at the academy. If you do not begin the police academy within 2 years of scholarship award date, you will forfeit the scholarship.)</p>			
Street Address		Apartment/Unit #	
City	State	Zip	
Phone	E-mail Address		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to reside in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been arrested or convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

SCHOOL INFORMATION

High School	
Expected Graduation Date:	Current GPA:
Honors/Awards received:	
Extracurricular activities:	

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Participation in outside community activities:

REFERENCES

*Please list **two** personal references (excluding parents) and **one** professional reference (school counselor, teacher, etc).*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Please attach one letter of recommendation from a personal reference (excluding parents) AND one letter of recommendation from a professional reference (school counselor, teacher, etc) for a total of TWO letters.

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CURRENT EMPLOYMENT AND PREVIOUS EMPLOYMENT (IF APPLICABLE)		
Company/Place of Employment:		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company/Place of Employment:		Phone ()
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

QUESTIONNAIRE: PLEASE ATTACH YOUR RESPONSES TO <u>ALL</u> THREE OF THE FOLLOWING QUESTIONS
Why do you want to pursue a career in law enforcement? Response Requirements: MUST be MINIMUM 1 page typed in 12 pt font Times New Roman, double spaced
What do you consider your highest achievement or your best quality that will assist you in your plans to become a police officer? Response Requirements: MUST be MINIMUM half a page typed in 12 pt font Times New Roman, double spaced
What are your future plans and goals as a police officer and beyond? Response Requirements: MUST be MINIMUM half a page typed in 12 pt font Times New Roman, double spaced

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my disqualification from consideration.

I understand that this scholarship applies to my attendance at the City of Miami Police Department Academy ONLY. I may not use the scholarship to attend any other police academy. Tuition/expenses of up to \$6,000 maximum will be paid directly to the City of Miami Police Academy by Do The Right Thing.

I understand that from the date of the scholarship award notification, I have a 2-year time frame with which to apply to, be accepted and begin classes at the City of Miami Police Academy. After 2 years, the scholarship will become null and void.

Applicant Signature

Date

FOR OFFICE USE ONLY

DATE APPLICATION
RECEIVED

DATE SCHOLARSHIP
AWARDED

DATE SCHOLARSHIP
EXPIRES