

Lewiston Police Department
Coat of Arms Benevolent Association Scholarship
Award: \$1,000, Due Date: April 11, 2025

Guidelines:

- Applicant must be a SENIOR student at Lewiston-Porter High School.
- Applicant must be attending a college for Criminal Justice studies following graduation from high school.
- Applicant must provide a letter of acceptance from the College they chose for Criminal Justice.
- This Scholarship will be awarded in the amount of \$1,000 to one winner.

Requirements:

- Completed Application
- Required Essay
 - Write a well-constructed essay explaining why you chose a career in Criminal Justice. Write legibly or type.
- Official High School Transcript (Guidance will attach)

ALL REQUIREMENTS in GOOD ORDER Due to the Guidance Office: April 11, 2025

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Coat of Arms Benevolent Association

(Lewiston Police Department)

SCHOLARSHIP APPLICATION GUIDELINES

INSTRUCTIONS FOR THE APPLICANT:

1. Applicant must be a **SENIOR** student of the Lewiston Porter High School.
2. Attending a College For Criminal Justice.
3. Provide an acceptance letter from that college.
4. On a separate sheet of paper, write a well-constructed essay explaining why you chose a career in Criminal Justice. Write legibly or type.
5. Request your Guidance Office to provide a transcript of your High School grades.
6. All of the above must be submitted by **April 11, 2025.**
7. The award will be in the amount of FIVE HUNDRED DOLLARS (\$500.00) for one Senior student.

Coat of Arms Benevolent Association
(Lewiston Police Department)

SCHOLARSHIP APPLICATION BLANK

NAME: _____ **DATE:** _____

ADDRESS: _____

AGE: _____ **PHONE NUMBER:** _____ **CITIZENSHIP:** _____

EXTRA-CURRICULAR ACTIVITIES AND THE PART YOU PLAYED IN THEM:

(If you need more space, please type them on a separate sheet)

1. _____
2. _____
3. _____
4. _____

WHAT ARE YOUR HOBBIES?

LIST ALL OF YOUR WORK EXPERIENCE WITH DATES AND EMPLOYER'S NAMES:

(If you need more space, please type them on a separate sheet)

1. _____
2. _____
3. _____
4. _____

NAME OF THE COLLEGE, SCHOOL OR TRAINING PROGRAM IN, WHICH YOU PLAN TO ENROLL:

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION? _____

ARE YOU APPLYING FOR OR RECEIVING OTHER SCHOLARSHIPS? _____ IF SO PLEASE LIST:

1. _____
2. _____
3. _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

FATHER'S PLACE OF EMPLOYMENT: _____

MOTHER'S PLACE OF EMPLOYMENT: _____

NUMBER OF CHILDREN IN FAMILY, OTHER THAN YOURSELF, AND AGES: _____

REVIEWING COMMITTEE

1. _____

2. _____

3. _____

DATE: _____

GRANTED: _____ NOT GRANTED: _____