

FRANK REINHART SCHOLARSHIP APPLICATION FORM



Date of Receipt: _____

FEI # 65-0495979

Instructions

1. Sections A and E must be completed and signed by the applicant.
 2. Section B must be completed and signed by the University or College administration.
 3. Section C must be completed and signed by the applicant's academic advisor.
 4. Section D must be completed and signed by the applicant's employer, if applicable.
 5. Applications must be either typewritten or printed in ink.
 6. A copy of the applicant's academic transcript(s) must be enclosed.
 7. Applicant must submit a bill or receipt from college/university to receive scholarship reimbursement.
- When the entire application has been completed, send it with transcript(s), to be received no later than August 15, to:

Mail to: Frank Shonberger
 Coral Gables Police Dept.
 85 Deer Run
 Miami Springs, Fl. 33166

Section A

(to be completed by the applicant, along with Section E on pages 3 and 4)

Name _____
Last First Initial

Address _____
Street or P.O. Box

City State Zip(Postal Code) Country

Telephone _____
Home Work School

Name of College or University you are attending _____

Address _____
Street or P.O. Box

City State Zip(Postal Code) Country

What academic degree are you presently pursuing? Bachelor's _____ Master's _____ Doctorate _____
 If undergraduate, for what year are you applying for this scholarship? (check one)
 Freshman _____ Sophomore _____ Junior _____ Senior _____

What is your major? _____

Have you ever been convicted of a crime?(check one) Yes _____ No _____

If yes, explain _____

Are you employed by a law enforcement agency? Yes _____ No _____ If yes: Full-Time _____ Part-Time _____
 Employer _____

Address _____
Street or P.O. Box

City State Zip(Postal Code) Country

Name of Supervisor _____

Telephone of supervisor (_____) _____

IMPORTANT: Be sure to complete Section E on pages 3 and 4, and sign the application on page 4

Section B

(type or print in ink; to be completed by the College or University Admissions Office)

Admissions Office telephone number (____) _____

Student's Name _____

Status (check one) full-time _____ part-time _____

Cumulative Grade Point Average(GPA): _____ on a scale of _____ GPA in major _____

Signature _____ Title _____ Date _____

Section C

(type or print in ink; to be completed by applicant's academic advisor - if more space is needed, continue on page 4)

Advisor's name _____

Address _____

Street or P.O. Box _____

City _____

State _____

Zip (Postal Code) _____

Country _____

Telephone (____) _____

1. Please comment on the applicant's academic work..

2. What potential does the applicant demonstrate for the field of forensic identification?(if applicable)

3. Please tell what you know about the applicant's personal qualities, traits, habits, etc.

4. Any additional comments that might be helpful.

Signature _____ Title _____ Date _____

Section D

(type or print in ink; to be completed by the employer- if more space is needed, continue on page 4)

1. Are funds available from your organization to pay for applicant's tuition?

Full _____ Partial _____ None _____

2. Is the applicant seeking a career in the field of forensic identification?

Yes _____ No _____

3. What are the applicant's work habits? _____

4. What contributions has the applicant made to the field of forensic identification?

5. Any additional information that might be helpful.

Signature _____ Title _____ Date _____

Section E

(to be completed by the applicant)

What are your career goals and why did you chose this particular career?

Please list the courses you plan to take next semester/quarter. (List below)

(More questions on the next page)

List your employment experience:

Year(s)	Employer	City	State	Job Title

Applicant Pledge and Waiver (must be signed by the applicant before the application will be acted upon)

By my signature below, I do affirm that all my statements are true, accurate and complete to the best of my knowledge. I also authorize the Scholarship Trustees to investigate any statement made in this application.

Signature of Applicant _____ Date _____

FDIAI Member's Name _____

Address _____
Street or P.O. Box

City _____ State _____ Zip (Postal Code) _____

Telephone _____
Home _____ Work _____

Membership ID # _____

Relationship to Applicant _____

Other comments or continuation of comments from other sections (please identify the section and question number being continued):