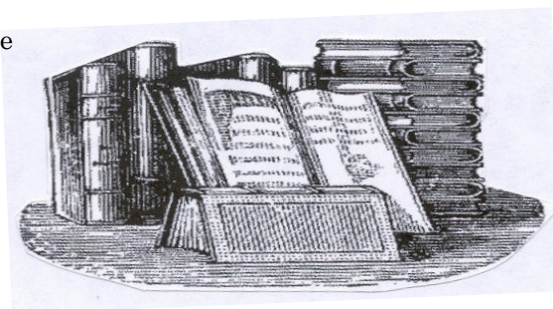


Mail to: Jason Byrd, Secretary-Treasurer
Maples Center for Forensic Medicine
University of Florida College of Medicine
4800 SW 35th Drive
Gainesville, FL 32608



Date of Receipt: _____

FEI # 65-0495979

FRANK A. REINHART SCHOLARSHIP APPLICATION FORM

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,

Section A

(To be completed by the applicant, along with **Section E**)

Name: Last: _____ First _____

Address: Street or P.O. Box _____

Address City State Zip Code _____

Telephone Home _____ Work _____

Name of College or University _____
you are attending

Address: Street or P.O. Box _____

Address City State Zip Code _____

E-Mail Address: _____

What academic degree are you presently pursuing? (Check one)

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 _____

Name of Supervisor _____

Telephone of Supervisor (_____

X***** X

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 _____

X***** X

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 _____

Address City State Zip Code _____

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_____

X***** X

Section D

(Type or print in ink; to be completed by the employer-if more space is needed. continue on page 5)

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

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_____

X***** X

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)

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 _____

