



**GRANT COUNTY SHERIFF'S DEPARTMENT  
214 East 4<sup>th</sup> Street Marion, Indiana 46953**

**CAPTAIN JOHN M COOK MEMORIAL SCHOLARSHIP APPLICATION  
FOR A \$1000.00 AWARD**

The attached form for the scholarship application consists of two parts:

- PART I      To be completed by you, the applicant, and signed by you and your parents or guardian.
- PART II      To be completed and signed by your high school principal or qualified school official.

**QUALIFICATIONS:**

- 1) The applicant must be a senior in a Grant County, Indiana public or private High School.
- 2) The applicant must be committed to pursuing an education and career in a law enforcement or criminal justice related field at the college or university of their choice.
- 3) The applicant must have at least a 2.0 (on a 4.0 scale) grade point average, or the equivalent of a "C" average grade.
- 4) The applicant must be enrolled as a full time student (at least 12 hours) at the college or university of their choice.
- 5) The applicant must have taken the Scholastic Aptitude Test (SAT) or the American College Test (ACT).

**APPLICATIONS MUST BE TYPED OR HAND PRINTED NEATLY,  
COMPLETED IN FULL AND RECEIVED BY APRIL 26, 2019 AT 4PM.**

**SEND COMPLETED APPLICATION TO:**

**CAPTAIN RANDY ALBERTSON  
214 EAST 4<sup>TH</sup> STREET MARION, INDIANA 46953**

**PART I: TO BE COMPLETED BY THE APPLICANT – MUST BE TYPED OR  
HAND PRINTED NEATLY**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Home Address: \_\_\_\_\_  
                                    Street  City                                    Zip Code

Home Telephone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License or Indiana Identification Number: \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Father's Address \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Mother's Address \_\_\_\_\_ Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name of the High School you attend: \_\_\_\_\_

School Address: \_\_\_\_\_  
                                    Street  City                                    Zip Code

Date you are graduating from High School: \_\_\_\_\_

Name of the College or University you plan to attend: \_\_\_\_\_

Planned major: \_\_\_\_\_

Number of household members (other than yourself) that are full-time college students: \_\_\_\_\_

What methods do you plan to use to finance your college education?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any special awards or recognition you received for scholarships or other scholastic oriented achievements:

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Please list any hobbies or leisure-time activities that are of interest to you and any special recognition you may have received from these activities:

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Please list your involvement in high school organizations, activities and office or positions held:

Activity	Office/Position	Years Held

Please list any non-school or community activities in which you have participated (Scouts, 4-H, youth groups, service organizations, etc.).

Activity	Office/Position	Years Held



**Part II: To be completed by the High School Principal, or Qualified School Official – Must be Typed or Hand Printed Neatly**

TO THE SCHOOL OFFICIAL:

The Captain John M. Cook Scholarship Program is designed to recognize the academic achievements and total development of high school seniors and also to further the education of those seniors interested in a career in a law enforcement/criminal justice field.

Applicants are competing for a \$1000.00 scholarship from within the Grant County, Indiana High Schools.

In order to best evaluate the applicant, the Scholarship Board needs information from you. It is hoped your comments will be sincere and complete in order to provide the Board with a total picture of the applicant.

IF YOU FEEL THAT YOU, AS THE HIGH SCHOOL PRINCIPAL DO NOT KNOW THE APPLICANT WELL, THE FOLLOWING INFORMATION MAY BE PREPARED AND SUBMITTED BY ANOTHER QUALIFIED SCHOOL OFFICIAL. THANK YOU FOR YOUR HELP AND COOPERATION. PLEASE INCLUDE THE STUDENT'S HIGH SCHOOL TRANSCRIPT.

Student's Name: \_\_\_\_\_

- 1) This student ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students at the end of \_\_\_\_\_ semesters.
- 2) This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_
- 3) This student took the Scholastic Aptitude Test (SAT) or the American College Test (ACT), please specify. Date taken: \_\_\_\_\_

Please indicate scores achieved: Verbal \_\_\_\_\_ Math \_\_\_\_\_

- 4) **Attached** is the transcript of the student's high school records for \_\_\_\_\_ semesters.

If the information is not included on the transcript, please indicate:

Passing Grade \_\_\_\_\_ Grade recommended for college work \_\_\_\_\_

Type of courses/s taken (General, College Preparatory, etc.):

\_\_\_\_\_

\_\_\_\_\_

Please use the space below to give the Scholarship Board your appraisal of the student. Your comments should include an appraisal of the student's scholastic achievements, leadership ability, extra-curricular activities, initiative, citizenship and financial need.

Name of School \_\_\_\_\_

School's Address \_\_\_\_\_

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE SCHOLARSHIP BOARD WILL NOT PROCESS ANY  
APPLICATION WITHOUT ALL OF THE REQUESTED  
DOCUMENTATION.**