

FCAVC Criminal Justice Scholarship Application

Name: _____ C.J. Semester Date: _____

Address: _____

Home Telephone: _____ Social Security: _____

High School Name: _____ Graduation Date: _____

List extracurricular and/or leadership activities involved in high school and community:

Name of School you plan to attend: _____

Address: _____

Have you been accepted? _____ Course of Study: _____

Career objectives? _____

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

- Attach a transcript or student high school record to this application.
 - Attach at least one letter of recommendation to this application.
 - Submit this application to the Program Advisory Committee via the Program Instructor.
 - Use back of this page if more space is needed.
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