

Hispanic Law Enforcement Association
of Union County, Inc.
Established 1991



Elise C. Bastardo

Walter T. Bohorquez

Memorial Scholarship 20**20-21** Application

STUDENT'S NAME: _____

ADDRESS: _____

CITY: _____

HIGH SCHOOL/
COLLEGE/UNIVERSITY: _____

STATE: _____ COUNTY: _____

Memorial Scholarship Application

Dear Applicant,

Please complete this application as thoroughly as possible:

- Applicant's parent must be an Active Sworn Law Enforcement Officer residing or employed within Union County, NJ.
- Have received a high school diploma or the equivalent from a U.S. school by September of the deadline year or a current student matriculated in an accredited College or University.
- Applicant must have a 3.0 cumulative GPA at the time of applying for the scholarship.
- Applicant must enroll or be enrolled as a Criminal Justice or relative major.
- Applicant must demonstrate a desire to help others through community involvement in community events and or organizations.

(Please print or type)

Name: _____ Date: _____
 (Last) (First) (Middle)

Address: _____
 (Street, **NO P.O. BOX**) (Apt. # or Floor)

City: _____ Zip: _____ County: _____ State: NEW JERSEY

Last 4 of Social Security # Contact Phone: _____

Check One:

Current High School Senior:
High School: _____ Graduation Date: _____

H.S. Address: _____

City: _____ State: NJ Zip Code: _____

Or

Currently enrolled in College/University
Educational Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

1. Which parent is in Law Enforcement?

Mother Full Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Father Full Name: _____
Address: _____
_____ State: _____ Zip Code: _____

Marital status of parents/guardians: Married () Separated () Divorced () Single ()

2. Law Enforcement Agency Employed by:

Agency Name: _____
Agency Address: _____
Rank: _____
Division: _____
Years of Service: _____

3. Have you applied for any other scholarships? Yes () No ()

If yes how many? _____

4. List and explain your community activities, volunteer work and/or special interests.

5. List any honors or awards you have received.

6. Applicant Employment: (jobs held by applicant – part-time, summer or work study).

Employer	Nature of work	Supervisor	Dates

6. No. of children in family: _____

List below all dependent (brothers/sisters):

Name	Age	Present School/College	Grade/Level	Living at home?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Briefly explain in a 500 (maximum) word essay, why receiving this scholarship would benefit you. (Please type and submit on a separate sheet of paper).

8. Additional comments pertaining to your application may be listed or attached.

I certify to the accuracy and honesty of the responses entered upon all pages of this application. I further agree to submit with this application a certified copy of my school transcripts with GPA to the HLEAUC Scholarship Committee. I understand that as a condition to receive this scholarship, I or my parent will attend the Annual Scholarship Acknowledgment Reception held by HLEAUC.

Signature of Applicant (Student): _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

The Hispanic Law Enforcement Association of Union County, Inc. relies solely upon this application and the materials requested and submitted. Deadline for Submitting Application is September 30, 2020.

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

**PLEASE RETURN THIS APPLICATION FILLED OUT TO THE ADDRESS LISTED,
ATTN: MEMORIAL SCHOLARSHIP COMMITTEE.**