



**Special Instructions:**

Please Print out Form and complete application in typewritten form, or printed in black ink by the deadline date. Mail application to: FALEO, Attn: Scholarship Committee, PO Box 77086, San Francisco, CA 94107.

Full time U.S. college students are encouraged to apply for the scholarship grants if they are majoring in the field of law enforcement or in a career field of study that is directly related. The winner(s) selected will be presented with the scholarship award at the annual awards dinner in 2022 at a location to be announced.

The information furnished by the applicant is considered confidential, and will be reviewed by the *Filipino American Law Enforcement Officers Association*, (hereinafter referred to as FALEO) Scholarship Committee for truthfulness, accuracy, and completeness.

All materials by the applicant submitted shall be used for the sole purpose for consideration of this scholarship award.

The applicant must sign this application and return it with a certified copy of transcripts or report card/progress report. Any misrepresentation of facts and/or information will result in immediate disqualification of the candidate for scholarship consideration.

The FALEO Association Scholarship Committee renders equal consideration to each applicant's academic/community affairs merit and financial need. It is important that the applicant submits a candid and honest financial appraisal of his/her college costs. The information provided herein shall be held confidential. Failure to submit this information will postpone processing of your application until the information is received.

Please be sure to sign the certification waiver.



**2022 College Scholarship Award Application**

**Deadline to Submit – Saturday April 23, 2022**

**Applicant Profile**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 digits Social Security Number: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ if yes, complete the following:

Employer: \_ Supervisor's Name: \_

Employer's Phone Number ( ) \_ May we contact him/her? \_

How long have you been employed by current employer? \_\_\_ Yrs \_\_\_ Mo

Number of hours working per week \_\_\_\_\_ hours



**Academic Profile**

1. High School Attended: \_\_\_\_\_
2. Address: \_\_\_\_\_ GPA: \_\_\_\_\_
3. Currently in College? (YES)\_\_\_\_\_ (NO)\_\_\_\_\_
4. College/University Name: \_\_\_\_\_
5. Address \_\_\_\_\_
6. GPA Last Semester:\_\_\_\_\_ Overall: \_\_\_\_\_
7. Declared Major:\_\_\_\_\_ Credits Earned: \_\_\_\_\_

**If you are NOT enrolled in college, which institution(s) have you submitted an application?**

8. College/University #1 \_\_\_\_\_
9. Address \_\_\_\_\_
10. Intended Major:\_\_\_\_\_ Application Submitted?: \_\_\_\_\_
11. Application Deadline \_\_\_\_\_
12. College/University #2 \_\_\_\_\_
13. Address \_\_\_\_\_
14. Intended Major:\_\_\_\_\_ Application Submitted?: \_\_\_\_\_
15. What the reason(s) for selecting your Major: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Academic Profile cont.**

16. Please list three (3) reasons why you should receive this scholarship. (Please use separate additional sheet if needed)

A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Autobiography**

Please submit your autobiography, at least 500 words, on a separate sheet of paper. This account should reflect your personality, aspirations, and any additional information you deem relevant to the scholarship committee, including school/community activities you have participated in the past that made a significant impact in your life.



**References**

Please list two each of personal and professional references.

Name:                      Address:                      Phone:                      Relationship:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

**Anticipated Expenses**

Check one:    \_\_\_\_\_ Quarter    \_\_\_\_\_ Semester    \_\_\_\_\_ Annual

Tuition Fees        \$ \_\_\_\_\_

Transportation    \$ \_\_\_\_\_

Room/Board        \$ \_\_\_\_\_

Special Fees        \$ \_\_\_\_\_

Books/Supplies    \$ \_\_\_\_\_

Other Expenses    \$ \_\_\_\_\_

Total Expense \$ \_\_\_\_\_



**Certification and Waiver**

I certify that all information I provide on this scholarship application is true and correct. I understand that the Filipino American Law Enforcement Association (FALEO), Scholarship Committee may request an oral interview as part of the selection process. In consideration of this scholarship award, I understand that I must provide official academic records to the Scholarship Committee. These official records will be included with this scholarship application. I understand that this information will be used strictly for verification purposes. I will also provide documentation regarding proof of enrollment at the college/university that I am/will be attending. I also understand that submitting an incomplete scholarship application may delay the processing. If this delay goes past the deadline date I understand my application will be null and void. Any misrepresentation of facts, untruthfulness, incompleteness of information, and /or intent to deceive SHALL disqualify this application without appeal. I am fully aware that the FALEO Scholarship Committee's decision is final and NOT subject to appeal.

Applicant Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_