

Ascension Parish Sheriff's Office

Sheriff Jeff Wiley

Dawn Shivers Memorial Scholarship Fund

To make sure your application receives maximum consideration, please print, type or write legibly all information in black ink. Answers should be complete and accurate.

Applicant Information:			
Name			
Last		irst	Middle
Home Address:			
City:	Zip Code:	Home Phone:	
E-mail Address:			
Social Security Number:		Date of Birth:	
College you plan to atte	nd:	Have you been accep	oted?
EDUCATION:			
What school do you currently attend?		Grade Point Average: (Please attach a transcript)	
	_	l activities to which you are	· · · · · · · · · · · · · · · · · · ·
List any awards or hono	rs you have received. (Atta	ach an additional page if ne	eded)

What is your intended field of page if needed):	f study and how does it relate to your career goals? (Attach an additional
List any other scholarships an additional page if needed):	d the amount of each that you have already been awarded. (Attach an
What are your hobbies and po	ersonal interest?
willingness to help where she	ial person. Everyone she made contact with loved her spirit and her was needed. In 500 words or less, please indicate a person who has had a, and describe that influence. Please type and double-space the essay.
	at by signing this application, I am stating that all information is accurate and I have not falsified or misrepresented any information contained in
• • •	ny understanding that the application packet becomes the property of the
•	or/scholarship committee upon my submission of the documents. for this award, I understand that my name, photo and parts (or all) of my ty purposes.
Applicant's Signature	Date
Mail completed application to):
	Dawn Shivers Memorial Scholarship Ascension Parish Sheriff's Office

Donaldsonville, LA 70346

Due Date is April 1, 2016