Application for Education Grant

Part I. Personal Information

Name:			
Address:	Last Name	First Name	Middle Initial
	Street Name	City/State	Zip Code
Date of Birth	Phone Number	Email	
Member of Soci	ety of FBI Alumni? Yes No		
• Member	Since:		
Relative of Soci	ety Member?		
Name/Re	elationship of Relative:		
Part II. Enrollm	ent		
Name of School	:		
Address of Scho	pol:		
Course(s) of Stu	ıdy:		
This fall, what y	ear of school will you be entering?	☐ Sophomore ☐	☐ Junior ☐ Senior

Application for Education Grant

Part III. Employment, Volunteer/Community Service(s), and/or Extracurricular Activities

Describe any activity(ies) currently being performed this year (20__-20__). Include any leadership roles/positions you have participated in, and the number of hours per month devoted to each activity. Please add any additional information below the table as needed.

Activity Name	Description	# hours/ month

Application for Education Grant

Part IV. Essay Portion (minimum 200 words)

The Foundation of FBI Alumni Grant Application Board wants to know more about YOU! In an essay of 200 words or more, please be sure to briefly answer <u>all</u> of the following questions:

- a. Based on the activities you've shared with us in Part III, tell us about the most insightful or proudest moment you've had.
- b. Short-term: what are your plans for after graduation?
- c. Long-term: what are your life/career goals and why?
- d. Why should you receive this grant and how will it help you accomplish your life/career goals?

know while reviewing applications!		

Application for Education Grant

Part V. Official Transcript

Please attach an unopened, official transcript from the school you listed in Part II. If the transcript has to be sent by the school, please provide the school with the name, address and email listed below.

Part VI. Photograph

Please attach a photograph (4x6 or digital) of yourself that you would like to have, and agree to being, published in our publication should you be chosen as a grant recipient. This photograph will only be used for the purpose previously stated and will not be shared with any person involved in the decision-making process until after the decision has been finalized.

APPLICANT DECLARATION

I certify that all of the information contained in this application is accurate to the best of my knowledge and that I did not receive any assistance in compleing it. I consent to the review and release of this application to the appropriate persons of the Foundation of FBI Alumni. I understand unsigned or incompleapplications will not be considered.	
Signature	 Date Signed

Summary of Additional Items Needed for a Complete Application:

Unopened Official Transcript from School, Photograph (4x6 or digital)

Items should be sent to:

Michele A. Salomone
President
Foundation of FBI Alumni
W14031 Cypress Avenue, Coloma, WI 54930
Email: foundation@thefbialumni.com