

ANTHONY INFANTE MEMORIAL SCHOLARSHIP FUND

AIRPORT LAW ENFORCEMENT AGENCIES NETWORK

SCHOLARSHIP COMMITTEE FOR 2009

APPLICATION SUBMITTAL

SUBMISSION DEADLINE IS SEPTEMBER 1, 2009

An educational scholarship fund in the amount of \$1,000 established by ALEAN may be applied for in the following manner:

Eligibility:

- (1) Sworn employees and non-sworn employees are eligible for consideration. Employees must be employed by the airport law enforcement agency or assigned at the airport by the parent agency.***
- (2) You must be related to an employee assigned to or employed by an airport law enforcement agency. This relationship must be spouse, natural child, adopted child, or dependent child of the member. It is the intent of the organization to be inclusive and not exclusive. Any questions concerning eligibility will be addressed when the application is received. All members are encouraged to submit the application package where there is a question of eligibility.***
- (3) You must be enrolled or accepted for admission in a college, vocational training, or other educational institution approved by the ALEAN scholarship committee.***
- (4) This fund will be in the amount of \$1,000 and will be awarded on an annual basis.***
- (5) A new application must be completed and submitted each year.***
- (6) The applicant must submit three (3) letters of recommendation from members of the community or from the academic environment.***
- (7) The applicant must submit an essay stating how this scholarship will further their academic career.***

Manner of Application

The attached application must be completely filled out by the applicant. Submit the original application and 3 copies (including essay and letters of recommendation). The scholarships will be announced at the fall conference and the applicant will be notified if the fund is granted.

***SUBMIT APPLICATION TO:
Chief Kevin Murphy
Cincinnati/Northern Kentucky International Airport Police Department
PO Box 752000
Cincinnati, OH 45275-2000***

AIRPORT LAW ENFORCEMENT AGENCIES NETWORK

ANTHONY INFANTE SCHOLARSHIP APPLICATION

MUST BE PRINTED OR TYPED

NAME: _____

LAST

MIDDLE

FIRST

ADDRESS: _____

STREET ADDRESS

APT.#

CITY

STATE

ZIP CODE

TELEPHONE NUMBER: (H) _____ **(B)** _____

DATE OF BIRTH: _____

MONTH

DAY

YEAR

SOCIAL SECURITY NUMBER: _____

SEX: M _____ **F** _____

MARTIAL STATUS: SINGLE () MARRIED () DIVORCED () SEPERATED ()

ANY DEPENDENT CHILDREN: YES () NO () IF YES, HOW MANY: _____

HIGH SCHOOL LAST ATTENDED:

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

GRADUATE: YES () NO ()

IF YES, YEAR OF GRADUATION: _____

IF NO, LAST GRADE COMPLETED: _____

DID YOU RECEIVE A GED CERTIFICATE: YES () NO ()

IF YES, YEAR RECEIVED: _____

LIST ANY OTHER EDUCATION YOU HAVE COMPLETED:

NAME **FROM** **TO**

NAME **FROM** **TO**

NAME **FROM** **TO**

WHAT SCHOOL DO YOU PLAN TO ATTEND:

NAME

COMPLETE STREET ADDRESS

CITY **STATE** **ZIP CODE**

WHEN DO YOU PLAN TO START:

(SPRING QUARTER, WINTER SEMESTER, YEAR, ETC.)

QUARTERS/SEMESTERS YOU WILL BE ATTENDING THIS YEAR:

EXPENSES:

TUITION: _____
PER QUARTER OR SEMESTER

ROOM AND BOARD: _____
PER QUARTER OR SEMESTER

BOOKS: _____
ESTIMATED COST PER QUARTER

OTHER: _____

FINANCIAL RESOURCES:

PLEASE IDENTIFY ANY GRANT, SCHOLARSHIP, OR STUDENT LOAN, OTHER THAN ALEAN, YOU EXPECT TO RECEIVE. IN ADDITION, LIST WHAT THESE FUNDS ARE EXPECTED TO COVER.

NAME AMOUNT PURPOSE DURATION

FAMILY CONTRIBUTIONS: YES () NO ()

IF YES, AMOUNT PER QUARTER/SEMESTER:

WILL YOU BE EMPLOYED WHILE ATTENDING? YES () NO ()

IF YES: FULL TIME () PART TIME ()

NAME OF PERSON ELIGIBILITY IS BASED:

PLEASE STATE WHICH AGENCY AND POSITION HELD, OF THE ELIGIBILITY REQUEST:

AGENCY

POSITION

PERSONAL DATA:

NAME OF FATHER: _____

ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (B) _____

EMPLOYER: _____

ADDRESS: _____

NAME OF MOTHER: _____

ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (B) _____

EMPLOYER: _____

ADDRESS: _____

NAME OF SPOUSE: _____

ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (B) _____

EMPLOYER: _____

ADDRESS: _____

NAME OF STEP-PARENT: _____

ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (B) _____

EMPLOYER: _____

ADDRESS: _____

**AIRPORT LAW ENFORCEMENT AGENCIES NETWORK
STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT**

I certify that the information reported in this application for a scholarship grant and any attachments submitted herewith are true, accurate, and complete to the best of my ability.

I authorize use of this information on this form by the airport law enforcement agencies network scholarship committee.

I have read the eligibility requirements of this scholarship grant program and agree to the conditions stated herein.

Signature

Date

Sponsor Signature