

Loudoun County Deputy Sheriff's Association Scholarship – number and amount to be determined

Criteria: Graduating senior from a Loudoun County high school
Intends to pursue a degree in Law Enforcement or public service-related field
Academic and extracurricular performance, achievements, community service
and leadership in high school
Financial need
FAFSA or SAR required
Return completed scholarship package to: Audra Vogel, Administrative Assistant,
Loudoun County Sheriff's Office, Operational Support Division, P O
7200, Leesburg, VA 20177

Selection: Recipients will be selected by the LCDSA Scholarship Committee

Deadline: April 5, 2024

LOUDOUN COUNTY DEPUTY SHERIFF'S ASSOCIATION SCHOLARSHIP

APPLICATION FORM

****Please complete in blue or black ink or type. Additional pages may be attached. A transcript is available from Student Vue and must be attached to this application.**

Applicant's Full Name _____

Date of Birth _____ Phone _____

Parent(s) or Guardian(s) _____

Address _____

Accepted by (colleges or universities) _____

(To be filled in by counselor): Class Rank _____ GPA _____

Scholastic Honors _____

Extra-curricular Activities (include number of years and offices held)

Community Activities (include number of years and offices held)

Please reply to the following questions in essay form. Use the other side of this sheet if necessary.

Describe your planned course of studies and educational goals and tell why you have selected this field:

Explain why you need and will benefit from this scholarship:

FINANCIAL STATEMENT

I. Student Employment (Includes full or part-time during the last two years):

| Employer | Type of Work | Employed From To | Weekly Earnings |
|----------|--------------|---------------------|--------------------|
| | | | |
| | | | |
| | | | |

Amount you have saved toward higher education _____

II. Family Income

| | Occupation | Annual Income |
|----------------------------|------------|---------------|
| Father | _____ | _____ |
| Mother | _____ | _____ |
| *Other | _____ | _____ |
| Total Family Income | | _____ |

*Specify by source, such as Social Security, Veteran's benefits, income of other family members, or investment income.

Copy of FAFSA (Free Application for Federal Student Aid) or SAR (Student Aid Report) must be submitted with this application.

III. Estimated Expenses for one school year:

| | |
|---------------------------------------|----------------------|
| Tuition & Fees _____ | Transportation _____ |
| Room & Board _____ | Clothing _____ |
| Books & Supplies _____ | Laundry _____ |
| Medical, incl. Insurance _____ | Other _____ |
| Total Estimated Expenses _____ | |

IV. Expected Financial Resources (per year):

| | |
|---------------------------------------|-------------------------------|
| From Family _____ | From Other Scholarships _____ |
| From Earnings _____ | From Contributions _____ |
| *From other Sources _____ | |
| Total Expected Resources _____ | |

*Specify by source, such as trust funds, insurance, etc.

V. Other Dependents in Family

| Name | Age | If student, name of school |
|-------|-------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I/We declare the information in this application and financial statement to be true and accurate, to the best of my/our knowledge.

Signature of Student

Signature of Parent(s) or Guardian(s)

I authorize the release of transcript to the Scholarship Committee so that he/she may be considered for this scholarship.

Signature of Student

Date

Signature of Parent if student is
under 18 years of age

Date