

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
Box 7200, Leesburg, VA 20177

Selection: Recipients will be selected by the LCDSA Scholarship

Deadline: Committee April 3, 2025

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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