



New York State Deputies Association, Inc.

Deputy Kevin J. Tarsia Memorial Scholarship Award

Eligibility Requirements

- *One \$500 award will be given each year*
- *Applicant must be a resident of Broome County*
- *Applicant must be a graduating high school senior who will be attending an accredited college or university in the fall*
- *Applicant must be pursuing a career in a criminal justice field*
- *Completed applications must be postmarked no later than May 1.*
- *Please print or type all information.*

Additional applications available at www.NYSDeputy.org

Applicant Information

Name:

Address:

City, State, Zip:

Telephone:

High School:

Grade point average (include high school transcript):

Extra curricular activities - Please list activities you regularly participate in, including sports, hobbies, clubs. Also include any awards you have received.

Please explain why you are pursuing a career in the Criminal Justice field. Include information on the specific field you are currently exploring, and what you hope to achieve in your career. (If you prefer, you may print your answer on a separate sheet of paper.)

How do you plan to further your development in a criminal justice career? Include the college you plan on attending, the course of study you intend to pursue, and any other activities or training programs you are currently considering. (If you prefer, you may print your answer on a separate sheet of paper.)

List three (3) character references (not relatives)

Name: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Name: _____

Street: _____

City, State, Zip: _____

Telephone: _____

Name: _____

Street: _____

City, State, Zip: _____

Telephone: _____

When filling out your application form please ensure that all questions have been answered. An incomplete application may result in rejection. Identify all attachments.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION

I affirm that the statements made on this application, including any attached papers, are true. I also authorize any designee of the New York State Deputies Association, Inc. to conduct an investigation to verify any information included in this application.

Signature of Applicant

Date

Signature of Parent or Legal Guardian if applicant under 18

Date

Applications must be postmarked no later than May 1.

Return application package to:

New York State Deputies Association, Inc.

61 Laredo Dr.

Rochester, NY 14624

Attn: Tarsia Memorial Scholarship