

New York State Deputies Association, Inc.
61 Laredo Dr.
Rochester, NY 14624
THOMAS J. KRAJCI
MEMORIAL SCHOLARSHIP APPLICATION
Instructions

1. *One \$500 award will be given each year.*
2. *Applicant must be a resident of New York State.*
3. *Applicant must be a graduating high school senior who will be attending an accredited college or university in the fall.*
4. *Scholarship award must be payable to an accredited college or university. The winner will be asked to designate the appropriate institution at the time of the award.*
5. *Applicant must be pursuing a career in a labor relations or criminal justice field.*
6. *Completed applications must be postmarked or e-mailed no later than May 1.*
7. *If application is mailed, it must be signed. If e-mailed, applicant's name should be typed in the signature box.*
8. ***Please print or type all information.***
9. *A copy of applicant's most current transcript (high school or college as appropriate) must be submitted. It need not be a certified copy - photocopies are acceptable. If the application is mailed, include the transcript. If the application is e-mailed, you may scan and include the transcript in the e-mail, or send the transcript separately via U.S. Mail.*
10. *If sending via U.S. mail send to:*
New York State Deputies Association, Inc.
Scholarship Committee
61 Laredo Dr.
Rochester, NY 14624
11. *If sending via e-mail, send to tross1@rochester.rr.com.*

NOTE: ALL STATEMENTS ARE SUBJECT TO VERIFICATION



New York State Deputies Association, Inc.
Krajci Memorial Scholarship Application

Applicant Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Name of school currently attended: _____

Current Grade Point Average: _____

List extra curricular activities in which you regularly participate. This includes sports, hobbies, clubs. Also list any awards you have received.



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Explain the reasons for your interest in a labor relations or criminal justice career and your ultimate career goals. Include the college or university that you will attend (or have applied to), and the program you intend to study.

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 any investigation necessary to verify information included in this application or attachments.

Signature

Date