

# LEEP

## LAW ENFORCEMENT EDUCATION PROGRAM

### LEEP DREAM SCHOLARSHIP APPLICATION FORM

A scholarship for students interested in pursuing a career in Public Safety and all of its related fields — Law Enforcement, Police-Fire Dispatch, Corrections Officer, Firefighting or Emergency Medical Technicians (EMT)

#### GENERAL ELIGIBILITY CRITERIA FOR LEEP DREAM SCHOLARSHIP PROGRAM

- A. Scholarship amount is One Thousand dollars (\$1,000) per student.
- B. Qualifying recipients desiring to receive assistance must submit a written application on the LEEP Dream Scholarship Application form.
- C. LEEP Trustees shall make benefit determinations in a nondiscriminatory manner without regard to religion, race, color, national origin, age, sex, height, weight, marital status or handicapped status of the applicant.
- D. In awarding scholarship benefits LEEP Trustees shall:
  - 1. Make selections prior to August 1 of the year the scholarships are given. Scholarships may be granted for attendance at any four-year University, Community or Junior College degree-granting institution, or vocational training institution, which grants a degree, a certification or license in public safety or its related fields.
- E. No LEEP Trustee nor any member of any Trustee's family (including spouses, parents, children or first cousins), shall be eligible for consideration. Previous recipients are also not eligible for consideration.
- F. Eligibility is subject to suspension or termination if recipient is convicted of a felony.

**REQUIRED:** LEEP DREAM Scholarship applicants must send a copy of their high school transcript, and at least one letter of recommendation from a school counselor or faculty member, a work supervisor or employer or any community or civic leader, along with this completed application form.

**OPTIONAL:** Applicants may also send copies of other materials deemed pertinent or appropriate, such as duplicate copies of awards, personal scholarship achievements, honors letters, etc. Please do not send originals, as such materials cannot be returned.

I have read and agree to the General Eligibility Criteria.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application and all supporting materials before  
LEEP Dream Scholarship Committee, 667 E. Big Beaver Rd., Ste. 205, Troy, MI 48083

May 1 to:  
• 800-451-1220

# LEEP DREAM SCHOLARSHIP APPLICATION

Applications must be returned by May 1  
Illegible, incomplete or inaccurate applications will be ineligible for scholarships.

## Applicant data

Last name:	First name:	Middle Initial:	
Address:		Apt. #	Phone: (    )
City:	State:	Zip:	

## Parent or Guardian Information (    If different )

Last name:	First name:	Middle Initial	
Address:		Apt. #	Phone: (    )
City:	State:	Zip:	
Relationship to applicant:			

## School Information

High School name:			
City:	State:	Zip:	
Graduation date (month and year):			GPA:
College or University name (If attending):			GPA:
City:	State:	Zip:	

## School activities:

List all activities in which you have participated during high school or college. Include clubs, teams, musical groups, and any class or group accomplishments which you feel are significant. (If more space is needed, attach a separate sheet).

---

---

---

## School service/leadership:

List all elected, appointed or voluntary leadership positions held in school, community or work groups or associations in which you have held membership. Only those positions in which you were directly responsible for directing or motivating others should be included (i.e. student body club officer or committee chairperson).

---

---

---

Community involvement:

List community activities in which you have participated and note any major accomplishment in each. These should be outside of school activities for the betterment of your community. For example religious work, Boy or Girl Scouts, Volunteer Groups, Service Clubs or Community Art endeavors.

---

---

---

Work experience:

List your work experience, and any job-related honors or recognitions that you have received.

---

---

---

Why do you feel you should receive this scholarship?

---

---

---

Name of College/Institution you plan to attend:

---

Other Funds:

Are you currently eligible for, or receiving any other financial aid? ( ) Yes ( ) No  
(If yes) Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Do not leave this question blank:

Have you ever been convicted of a felony? ( ) Yes ( ) No

If yes, please explain: \_\_\_\_\_

---

---

LEEP DREAM Scholarship applicants MUST INCLUDE a copy of their high school transcript, and at least one letter of recommendation from a school counselor or faculty member, a work supervisor or employer or any community or civic leader, along with this completed application. Applicants MAY also send copies of other materials deemed pertinent, such as copies of awards, personal honors, letters, etc. Please do not send originals, as such materials cannot be returned.

SPONSOR: The Law Enforcement Education Program (LEEP) is a nonprofit 501(c)3, charitable organization created by the Police Officers Labor Council (POLC). The purpose of LEEP is to promote and support worthwhile education programs benefiting law enforcement and the general public. POLC is Michigan's largest organization representing Law Enforcement/Public Safety employees.

Return this completed application and all supporting materials before May 1 to:

LEEP Dream Scholarship Committee, 667 E. Big Beaver Rd., Ste. 205, Troy, MI 48083

• 800-451-1220

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_