



**FLORIDA POLICE  
ACCREDITATION COALITION, INC.**  
Post Office Box 490560  
Key Biscayne, Florida 33149-0560

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## **FLA-PAC Scholarship**

Rules for the FLA-PAC Scholarship are as follows:

1. This is a one (1) year Scholarship. The total amount of this scholarship will be \$2,000.00 to be paid to the winner. The recipient of the award will utilize it towards tuition, books, etc. in pursuit of a criminal justice degree at an accredited college or university or towards costs of attending a Law Enforcement or Corrections Academy for the purposes of state certification.
2. The applicant must be the immediate family member of an Accreditation Manager or Specialist who is employed by an accredited agency/department that is a current member of the FLA-PAC. The applicant shall be considered an 'immediate family member' only if the applicant is a son, daughter, stepson, stepdaughter, grandson, granddaughter or legally adopted child of the applicant.
3. The applicant must be a high school senior or entering any year of an accredited college, university, or police/corrections academy.
4. The selection of the winner(s) shall be made by the Scholarship Committee of the Florida Police Accreditation Coalition, Inc (FLA-PAC).
5. Applications must be sent by email or regular mail to :  
  
FLA-PAC President Marette Sims  
Corporal  
Winter Springs Police Department  
300 North Moss Road  
Winter Springs, FL 32708  
[msims@winterspringsfl.org](mailto:msims@winterspringsfl.org)
6. The scholarship winner shall receive notification by email or by mail.
7. Award check will be presented to the winner by the FLA-PAC President.
8. The scholarship application and essay must be typed.
19. Application rules are subject to change, please visit [www.fla-pac.org](http://www.fla-pac.org) for updates.
10. The application is also available on-line at [www.fla-pac.org](http://www.fla-pac.org)

***The Florida Police Accreditation Coalition (FLA-PAC), Inc. provides equal opportunities regardless of race, sexual orientation, age, pregnancy, national origin, religion, color, creed, gender, ancestry, marital status or disability.***

**APPLICATION FOR  
FLORIDA POLICE ACCREDITATION COALITION, INC. SCHOLARSHIP**

For the \_\_\_\_\_ school year

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cellular Phone #: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

High School Attending: \_\_\_\_\_

\_\_\_\_\_ School City: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Weighted GPA: \_\_\_\_\_ Un-weighted GPA: \_\_\_\_\_

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*(If necessary, please utilize additional sheets)*

Since at least one of the applicant's parent(s), guardian(s), and/or grandparent(s) must be a full-time, paid (sworn or civilian) employee of a member agency of the FLA-PAC, place a check mark in the corresponding box who is employed by a member agency/department.

Mother  | Father  | Grandfather  | Grandmother  | Other: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Parent/Grandparent/Legal Guardian Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

My intended career path after college is:

Law Enforcement     Corrections     Police/Corrections Academy

What experience, if any, have you had related to law enforcement, corrections, or the courts?  
Give details, including dates, locations, and duties.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any leadership positions you have held in school and/or community organizations and which of those positions you now hold:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all awards you have received, the sponsoring organizations, the reason for your winning, and date of award:

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Name of community college, college or university you will be attending in the \_\_\_\_\_ school year  
(*Must be an accredited institution*):

Name of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Year Accredited: \_\_\_\_\_

Have you been accepted to the school of your choice? (*If yes, please include a copy of your acceptance letter along with application*)       Yes       No

Which specific degree or certification will you be working towards?

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**ATTACHMENTS**

1. A certified copy of your most recent transcript (High School or College).
2. An original typed essay between 550 and 800 words on why you should be awarded the scholarship.
3. Two (2) letters of recommendation: one (1) from an employer or educator and one (1) from a person not associated with work or school and who is not a family member.

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In order to qualify for consideration all materials must be post marked or received by email, no later than the January 31st prior to the June conference at which the scholarship will be awarded.

All submissions become the sole property of the:

**FLORIDA POLICE ACCREDITATION COALITION, INC. (FLA-PAC).**



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**APPLICANT'S OATH & APPROVALS**  
**Applicant's Oath**

As an applicant for a FLA-PAC Scholarship:

I hereby certify that I have read, understand and agree to the application eligibility criteria for the FLORIDA POLICE ACCREDITATION COALITION (FLA-PAC), INC. SCHOLARSHIP. I certify that I have answered all questions truthfully to the best of my knowledge and that any supplemental information attached to this application is my work product and not the work of others. I understand and agree that my application does not in any way entitle me to receive a scholarship and I agree that the decision of the Scholarship Committee is final, binding and not subject to appeal. I understand that this scholarship is a one-time award that is limited to **\$2,000**, and should I win the award, I understand that the check will be made **payable to the accredited college or university**. I understand that the award will **ONLY** be utilized towards tuition, books, expenses, and/or supplies to the accredited college or university of my choosing.

I understand that the balance of my educational expenses (tuition, books, lodging, etc.) above the sum of **\$2,000** are my responsibility, and not the responsibility of the Florida Police Accreditation Coalition (FLA-PAC), Inc.

\_\_\_\_\_  
Signature (Candidate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Candidate)

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Witness)



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**Parent/Grandparent/ Guardian Approval and Waiver**

I, \_\_\_\_\_, as parent, grandparent, or legal guardian of the applicant named herein, approve of the application for a Florida Police Accreditation Coalition (FLA-PAC), Inc. Scholarship. In consideration of the benefits derived from this award, I agree that if the applicant should be awarded a scholarship, I hereby voluntarily waive any claim against the Florida Police Accreditation Coalition, Inc., its officers, members, or directors, or any of its subsidiaries, for any and all causes that may arise as a result of being awarded this scholarship.

I CERTIFY that I am a full-time (civilian or sworn), paid employee of the \_\_\_\_\_  
\_\_\_\_\_ (Agency's name) in \_\_\_\_\_  
County, holding the position of \_\_\_\_\_.

FURTHER, I CERTIFY that my son, daughter, step-son, step-daughter, grandson or granddaughter plans to attend an accredited community college, college or university.

\_\_\_\_\_  
Signature (Parent/ Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Parent/ Legal Guardian)

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Witness)

\_\_\_\_\_  
Daytime Phone Number

**\*\*DEADLINE –**

This application must be completed and received at the Florida Police Accreditation Coalition, Inc. no later than the January 31<sup>st</sup> prior to the June conference at which the scholarship will be awarded. The scholarship winner will be notified shortly thereafter.

If you have any questions, please contact Tim Elder

[TimElder@fdle.state.fl.us](mailto:TimElder@fdle.state.fl.us)

(407) 429-9823

Mail or email completed applications to:

FLA-PAC President Marette Sims

Corporal

Winter Springs Police

Department

300 North Moss Road

Winter Springs, FL 32708

[msims@winterspringsfl.org](mailto:msims@winterspringsfl.org)