**MID-ATLANTIC ASSOCIATION OF WOMEN IN LAW ENFORCEMENT**

**TROOPER JESSICA J. CHENEY SCHOLARSHIP**

All Submissions MUST be electronically submitted via e-mail to the MAAWLE Executive Board: AGontowski@abingtonpa.gov

**TROOPER JESSICA J. CHENEY MEMORIAL SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street (Number and Name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City and State Zip Code**

**Telephone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE INFORMATION**

**Name and address of college at which you are currently enrolled or at which you have been accepted and will enroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Major course of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**High School GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRANSCRIPTS**

**An unofficial transcript of college classes or the most recent year of high school must accompany the scholarship application.**

**ELIGIBILITY**

**The applicant must be a current member of MAAWLE and in good standing for two consecutive years. Additionally, the member must not be on any disciplinary probation and/or sanctions within their own agency.**

**RESUME**

**A resume must be submitted with your application.**

**RECOMMENDATIONS**

**Two recommendations are required. Please provide a recommendation form and email of AGontowski@abingtonpa.gov to each person submitting your recommendation.**

**PERSONAL ESSAY**

**In the applicant's own handwriting, please explain your career/academic goals and how these goals will enhance the role of women in law enforcement. (One page maximum)**

**I hereby acknowledge that the information given in this application is true and correct. I also acknowledge that should I leave any questions unanswered or fail to provide required documents, my application will be disqualified.**

**Signature of applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JESSICA J. CHENEY MEMORIAL SCHOLARSHIP RECOMMENDATION FORM**

**The below listed applicant is applying for the Jessica J. Cheney Memorial Scholarship awarded by the Mid-Atlantic Association of Women in Law Enforcement and is requesting your recommendation.**

**Please forward your completed recommendation in the provided envelope. This request is time sensitive and needs to be electronically submitted to the MAAWLE Executive Board at:**

**Secretary Ofc Alison Gontowski - AGontowski@abingtonpa.gov**

**All submissions must be received on or before the application deadline of the year in which you are making this recommendation (January 1st or June 30th).**

**Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Title/Rank) (First) (M.I) (Last)**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Street Number and Name)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City, State, and Zip Code)**

**\_\_\_\_\_\_\_\_\_\_**

**(Telephone)**

**Length of time you have known the applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In your recommendation, please describe the applicant's leadership abilities and potential for growth, citing specific examples. Please attach the document to this cover sheet. Thank you.**

**\_\_\_\_\_\_ Applicant waives review of recommendation**

**(Note: Applicant Please Initial)**

*MAAWLE is a non-profit organization, and all donations are tax deductible.*

**#54-1489131**