

State Posse Association Don Eustice Memorial Scholarship Application

Name of applicant	
Address of applicant	
Date of birth of applicant	Phone number of applicant
County Posse of affiliation	Email address of applicant
How is applicant affiliated with that posse	

College course of study	
College you are attending	
Are you or your parents active or retired military?	
Provide the names and phone numbers of three people in your community who will serve as character references	
1 _____	
2 _____	
3 _____	
List any honors you have received in high school or college	

List any organizations that you are a member of	

List any experience you have had in law enforcement	

List any other scholarships received	
