

BOBBY CALVIN GOOD COPPIN' EDUCATIONAL SCHOLARSHIP APPLICATION

PROCEDURE

1. Applicants must return the completed application to the scholarship committee NO LATER than 5/31/2026
2. A scholarship in the amount of \$1500 will be awarded to one recipient per year. This scholarship will continue annually for the duration of their education, or 2 years maximum, whichever comes first. Upon successful completion of the course work and the mandatory skills, an additional scholarship will be awarded to cover the cost of the Minnesota POST exam.
3. Checks to the scholarship winner will be jointly drawn in the name of the academic institution and the student

CRITERIA

1. At the time of application the applicant must reside in or be employed within the boundaries of Scott County, Minnesota
2. Preference will be awarded to appropriate candidates in the following order:
 - a. Community Service Officers from Savage Police Department
 - b. Community Service Officers from Scott County, outside of the Savage Police Department
 - c. High school seniors pursuing secondary education in Law Enforcement in Scott County
3. Preference may also be given to candidates currently enrolled in a law enforcement program
4. Scholarships are only available to students who have been accepted into one of the following categories:
 - a. Two-year Law Enforcement program

- b. Vocational technical Police program
 - c. Four-year college Law Enforcement or Criminal Justice program
 - d. Mandatory Skills Course
5. Individuals who have previously received the Bobby Calvin Good Coppin' Educational Scholarship are not eligible to receive a subsequent award
6. Scholarship awardees are required to maintain a B average (GPA 3.0) in order to continue to receive subsequent annual scholarship payouts. If the awardee is unwilling to share their GPA while in training, funding may be withheld at the discretion of the scholarship committee.
7. It is the responsibility of the applicant to:
- a. Submit the completed application
 - b. Obtain 3 letters of recommendation
 - c. Demonstrate acceptance into one of the above-stated programs
 - d. Provide current or most recent transcripts

Completed applications and recommendations can be e-mailed to:

Bobby Calvin Good Coppin' Educational Scholarship Committee
Attn: Amanda Calvin
calvingoodcoppinscholarship@gmail.com

Feel free to contact us with questions either via email at calvingoodcoppinscholarship@gmail.com

BOBBY CALVIN GOOD COPPIN' EDUCATIONAL SCHOLARSHIP

APPLICATION

NAME: _____ **PHONE:** _____

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

HAVE YOU BEEN ACCEPTED INTO ONE OF THE FOLLOWING? IF YOUR APPLICATION HAS BEEN SUBMITTED AND YOU ARE AWAITING A DECISION, PLEASE INDICATE SUCH:

	CHECK	SCHOOL NAME
A. TWO-YEAR LAW ENFORCEMENT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
B. VOCATIONAL/TECHNICAL POLICE PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
C. MANDATED SKILLS PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
D. FOUR-YEAR LAW ENFORCEMENT OR CRIMINAL JUSTICE PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

LIST ALL EDUCATIONAL EXPERIENCES (ACADEMIC/MILITARY/VOCATIONAL)

IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

NAME OF SCHOOL	LOCATION	DATES	MAJOR/MINOR

IF YOU DID NOT COMPLETE A COURSE OF STUDY, PLEASE EXPLAIN WHY:

IF YOU HAVE EVER BEEN EXPELLED OR HAD DISCIPLINARY ACTION AGAINST YOU RESULTING IN SUSPENSION OR ACADEMIC PROBATION, PLEASE EXPLAIN. PLEASE INDICATE THE ACADEMIC INSTITUTION.

IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

PLEASE LIST YOUR INVOLVEMENT IN THE COMMUNITY, VOLUNTEERISM, AND ORGANIZATIONS IN WHICH YOU HOLD MEMBERSHIP. PLEASE INDICATE POSITIONS HELD IN THESE ORGANIZATIONS, IF APPLICABLE:

IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

PLEASE LIST ALL AWARDS, HONORS, OR SPECIAL RECOGNITION YOU HAVE RECEIVED:

IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

PLEASE LIST EMPLOYMENT OVER THE LAST 3 YEARS, STARTING WITH THE MOST RECENT. PLEASE EXPLAIN PERIODS OF UNEMPLOYMENT:

IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

COMPANY NAME: _____ DATES: _____

ADDRESS/CITY/STATE: _____

POSITION: _____

SUPERVISOR: _____ PHONE: _____

COMPANY NAME: _____ DATES: _____

ADDRESS/CITY/STATE: _____

POSITION: _____

SUPERVISOR: _____ PHONE: _____

COMPANY NAME: _____ DATES: _____

ADDRESS/CITY/STATE: _____

POSITION: _____

SUPERVISOR: _____ PHONE: _____

DO YOU SPEAK ANY FOREIGN LANGUAGES?

YES

NO

IF YES, WHICH LANGUAGES: _____

PROFICIENCY: **FLUENT**

CONVERSATIONAL

BASIC KNOWLEDGE

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF SO, PLEASE EXPLAIN:

IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

REFERENCES: LIST THREE (3) ADULT REFERENCES (NON-RELATIVES) WHO HAVE KNOWN YOU FOR AT LEAST 3 YEARS. ONE REFERENCE SHOULD BE FROM A MEMBER OF LAW ENFORCEMENT, PUBLIC SAFETY, OR COMMUNITY ENGAGEMENT. PLEASE PROVIDE THEM WITH THE REFERENCE FORM AND ASK THEM TO RETURN THE COMPLETED FORM TO THE COMMITTEE AT THE LISTED ADDRESS BY THE APPLICATION DUE DATE.

(1) NAME _____ PHONE: _____

ADDRESS/CITY/STATE: _____

OCCUPATION: _____

EMAIL: _____

(2) NAME _____ PHONE: _____

ADDRESS/CITY/STATE: _____

OCCUPATION: _____

EMAIL: _____

(3) NAME _____ PHONE: _____

ADDRESS/CITY/STATE: _____

OCCUPATION: _____

EMAIL: _____

I HEREBY AFFIRM THAT, TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS AND INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT.

APPLICANT SIGNATURE

DATE