

## BOBBY CALVIN GOOD COPPIN' EDUCATIONAL SCHOLARSHIP APPLICATION

### PROCEDURE

1. Applicants must return the completed application to the scholarship committee NO LATER than 11/15/2023
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](mailto: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