BOBBY CALVIN GOOD COPPIN' EDUCATIONAL SCHOLARSHIP APPLICATION

LETTER OF RECOMMENDATION FORM

ATTN: AMANDA CALVIN calvingoodcoppinscholarship@gmail.com

Applicant Name:	
THE PERSON NAMED ABOVE HAS APPLIED FOR CONSIDERATION FOR A SCHOLARSHIP TOWARDS EDUCATION IN LAW ENFORCEMENT. WE ASK THAT YOU PLEASE ANSWER THE QUESTIONS BELOW AND RETURN THE FORM TO THE ADDRESS	
ABOVE. YOUR RESPONSES WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED WITH THE APPLICANT OR ANYONE OUTSIDE OF THE SELECTION COMMITTEE.	
*REFERENCES MUST BE RETURNED TO THE ABOVE EMAIL ADDRESS BY <u>11/15/2023</u> IN ORDER FOR THIS APPLICANT TO BE CONSIDERED.	
(1) How long have you known the applicant, and how are you acquainted?	
(2) PLEASE DESCRIBE THE APPLICANT'S INTEREST IN/MOTIVATION/DEDICATION TO PUBLIC SAFETY.	
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(4) Do you have any concerns regarding the applicant that you feel would limit their effectives law enforcement?		
(4) Do you have any concerns regarding the applicant that you feel would limit their effectives		
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	(5)	DALETE EAR DAIN SOME FOSTING AT THE AT LICANT
LAW ENFORCEMENT?		

(5) If there are addition	ONAL COMMENTS YOU WOULD LIKE TO MAKE IN	SUPPORT OF THIS APPLICANT, PLEASE DO			
SO HERE.					
INTED N AME	POSITION/TITLE	PHONE			
NATURE	DATE				
	DAIL				