



WOMEN IN FEDERAL LAW ENFORCEMENT SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Telephone numbers: Work _____ Home _____

E-Mail address _____

Current occupation if employed: _____

Name of College or university currently attending: _____

Full-time student: Yes No (pls circle)

Major: _____

Total credits completed to date: _____

Grade Point Average (GPA) _____

Expected date of graduation: _____

Name of Community Sponsor/Police Official/Law Enforcement Official, telephone number and email address:

Please complete this application and submit with your 500 word essay, college transcripts and sponsor's letter of recommendation.

Mail to WIFLE, 2200 Wilson Blvd, PMB-204, Suite 102, Arlington, Virginia 22201
Attention: Scholarship Coordinator

Applicant's signature:

(Signature)

(Date)