



Dell Freeman Scholarship Award

Established 2015

2016 Application

Please print

Full Name: _____ SCAFO Membership # _____

Law Enforcement Agency Employer: _____

Work Title: _____ Employment Date: _____

Work Number: _____ Cell Number: _____

Supervisor Name _____ Contact Phone: _____

Employed Full Time: _____ (Initial)

Attached is a letter from my supervisor, on department letterhead, acknowledging that my department has no funding to have me attend the educational conference.

Signature: _____ Date: _____

-----**Member: Leave below blank**-----

SCAFO Secretary – Date Received: _____

Membership two years or more: _____ Member in Good Standing: _____ Agency Letter _____

SCAFO Senior Director: _____ Employment Verified _____

Awarded: YES NO YEAR: _____ Notifications made by Chairperson: _____ Date: _____

If awarded, Secretary has notified member: _____