AFTE SCHOLARSHIP APPLICATION

Applicants must meet the eligibility requirements listed in the instructions.

Applican	t's First & Last	Name:			
Mailing A	ddress:				
Email add	dress:				
Phone N	umber:				
College	or Universit	у			
Name:					
Address:					
	ademic degree elor's	are you currently Master's [/ pursuing? Doctorate Other		
	If "Other", ple	ease describe:			
_	raduate, what d (Junior)	year are you app Fourth (Senior	lying for this scholarship (upcom) Fifth or higher	ning school ye	ear)?
What is y	our major cou	urse of study?			
What is y	our minor co	urse of study, if ap	oplicable?		
Is a major, minor, or concentration in Forensic Science offered? Yes N					No
Are you employed by a law enforcement agency or other laboratory? If no: Continue to next question					No
If yes:	Full-time	Part-time	Hours/week		
	Employer:				
	Supervisor:				

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Full Name of Applicant:

1	. What forensic science courses have you taken recently or do you plan to take in the upcoming semesters?
2.	How did you become interested in forensics? Why did you choose this particular discipline?

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3. Have you completed ar plan to pursue in the fi	ny research in the field of fore eld? If so, please briefly expla	nsics or is there any research that yo in.	ou
4. What are your career go planned goals?	oals? What experiences do you	u think have best prepared you for yo	our
Additional pag Please	ge(s) may be attached for cont e identify the question or info	inuation of answers to questions. rmation being continued.	
MUST be signed by Enter your name ar	APPLICANT PLEDGE AN the applicant before the date and check the Signal Plants and check the Signal Plants are the Signal Plants and the Signal Plants are	D WAIVER ne application will be acted up gnature Verification box below.	on.
Signature of Applicant		Date	
•	5	e box, I do swear or affirm th	
3	•	olete to the best of my knowled ttee to investigate any stateme	•
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Components sent via email must be received by 11:59:59 PM US Eastern Time [UTC-7] on April 1