

Maryland Correctional Administrators Association

Legacy Scholarship Fund Application

CRITERIA

Applicants must be an employee or family member of an agency that is a “regular member” of MCAA as defined in the MCAA By-Laws. A family member may be a spouse, child, child under guardianship. Candidates must be pursuing a career in the field of corrections or a closely related criminal justice degree or a certification program at a two or four-year accredited college and have a 2.5 or higher GPA.

Last Name	First	Middle
SS# Last 4-digits Only XXX-XX-	Age	United States Citizen? <small>Circle One</small>
		Yes No
Mailing Address	City	State & Zip
Home Phone#	Cell Phone#	Work Phone#
Name of Correctional Facility/Agency Student or Parent is Employed by (if applicable)		
Address of Employer		
High School Attended (if not employed by a Correctional Facility)		
Mailing Address	City	State & Zip
Name of Parent Employed by Correctional Facility/Agency and Job Title		
Current Student Status: <small>Circle One</small>	<small>Circle One</small>	<small>Circle One</small>
High School Sr.	Part-time Full-time	>12 Hours <12 Hours
College: <small>Circle One</small> Sr. Jr. Sophomore Freshman	Part-time Full-time	>12 Hours <12 Hours
Date of Graduation (Month/Year)		

Current Class Rank (HS Seniors Only)		Current GPA (HS Seniors and College Students Only)	
List All Awards/Certificates/Significant Accomplishments within the Past 24 Months			
List Two (2) References Who Will Provide a Letter of Recommendation on Your Behalf			
Name	Email Address	Phone Number	
Current Intended Major			
College Institution Currently Attending or Plan to Attend and Telephone Number			
Mailing Address	City	State & Zip	

ESSAY REQUIREMENT (HS Seniors Only)

Must complete the Essay Requirement. On a separate page – write an ESSAY (500 WORD MAXIMUM) describing your interest in Corrections/Criminal Justice and why you are the best candidate for the scholarship.

CERTIFICATION

I hereby certify that all information provided in this application is true and correct to the best of my knowledge. I understand that any information found to be incorrect, untrue or false will result in disqualification of this application.

I further certify that I am either an employee of an MCAA Member Agency, an MCAA Member, the spouse of an MCAA Member or the child of an MCAA Member.

Print MCAA Member Sponsor Name	Signature of MCAA Members Sponsor	Date
Print Applicant Name	Signature of Applicant	Date