IDAHO SHERIFFS' ASSOCIATION

Scholarship Application

2025

COVER PAGE

Please print clearly:

Date: _____

Full Name: _____

Birth Date: _____

Student ID #: _____ College/University attending _____

Social Security Number: _____

Address: _____

City: _____ IDAHO Zip: _____

Telephone: _____ (residence) _____ (mobile)

Email Address: _____(print clearly)

Name of high school graduated from _____

High school graduation month and year _____

List other scholarships names and amounts awarded

_____

_____

Applicant must be child or grandchild (step/adopted) of sheriff's office employee. Please state sheriff's office, name of employee, and your relationship to sheriff/sheriff's employee _____

The following items must be submitted: Cover Page, Resume (new applicants only), Sealed Transcripts, Letters of Recommendations (new applicants only), Student I.D. number and school attending, Letter from applicant stating declared major or academic areas of interest.