

## Application 2012 ILLINOIS SHERIFFS' ASSOCIATION

Please <b>type</b> or <b>print</b> your answers. If application is illegible it will be returned to you.							
1.	Last Name:	First Name:					
2.	Mailing Address::						
	Street: _____						
	City:	State:	ZIP:				
3.	Daytime Telephone Number: (      )						
4.	Date of Birth:	Month	Day	Year			
5.	Social Security Number:			Email:			
6.	In the Fall of 2012, I will be attending college as a: (Circle one)						
	Freshman	Sophomore	Junior	Senior	Master's Level	Technical School Student	
	Medical School Student	Nursing School Student (year _____)			Other: _____		
7.	I will be attending the following <b>ILLINOIS</b> school in the <u>Fall of 2012</u> :						
	Proof of acceptance or current student enrollment from the above school, in writing, is required by September 12, 2012.						
8.	Grade Point Average (GPA): _____ (On a 4.0 scale)						
	Attach proof of GPA.						
9.	ACT Score: _____						
	Or						
	SAT Score: _____						
	A copy of your ACT or SAT score sheet is required for incoming college <b>Freshmen</b> only.						
10.	Name and city of high school attended:				Year graduated		
11.	List the name of any college you have attended. (If you have not attended college yet, go on to question 12.)			Year Began	Year Ended	Year Graduated (if applicable)	Type of Degree Received (if applicable)
	A.						
	B.						
	C.						
	D.						
12.	What specialty/major do you plan to major in as you continue your education?						

13.	List expenses you expect to incur per semester or quarter:		
	A.	Tuition: Amount: \$	
	B.	Books: Amount: \$	
	C.	Room & Board: Amount: \$	
	D.	Other Expenses: Amount: \$	Describe below under comments
	E.	Other Expenses: Amount: \$	"
Comments:			
14.	List other financial assistance you will receive per semester or quarter:		
	A.	Personal: Amount: \$	
	B.	Other Scholarship(s): Amount: \$	Describe below under comments
	C.	Grants: Amount: \$	"
	D.	Student Loan(s): Amount: \$	"
	E.	Other Financial Resources: Amount: \$	"
Comments:			
15.	Do your parents still claim you as a dependent for tax purposes? _____ Yes _____ No		
Father/Guardian:		Occupation:	Annual Income:
Address:			
Mother/Guardian:		Occupation:	Annual Income:
Address:			
Total number of dependents(#claimed on taxes) in household including yourself:			
If you are <b>not</b> claimed by your parents or guardian, then complete this section.			
Your Occupation:		Annual Income:	
Your Spouse's Occupation:		Annual Income:	

Use an additional sheet if you need more room to list financial information requested in items 13 & 14.

16.	What are your educational and professional goals and objectives? (You can attach your resume if it has this information.)
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17. List your academic honors, awards and membership activities while in high school or college: (You can attach your resume if it has this information.)

18. List your community service activities, hobbies, outside interests, and extracurricular activities: (You can attach your resume if it has this information.)

**ESSAY QUESTION:** *(please attach your type-written essay)*

Synthetic weed is the stuff you can buy in head shops, garages and other stores throughout the U.S. Sold in glossy, psychedelic packaging it seems innocuous enough, generally referred to as SPICE. Does Spice have THC? No. It contains something more powerful and potent.

Long term use of synthetic weed is hazardous to your health. There are so many different types of synthetic weed with different concentrations of active chemical (450 different types of chemical compounds) that it is almost impossible to say categorically what the long term effects of synthetic weed are. Symptoms from long term synthetic weed use: • anxiety/panic attacks; • a feeling of alienation/disassociation from the world; • constant coughing; • feelings of nausea or actual vomiting; • inability to hold a thought for longer than a few seconds; • irregular heart beat/palpitations; • loss of concentration; • psychotic episodes

Blends of synthetic weed have many adverse effects, including, agitation, increased heart rate (in the range of 110 to 150 beats per minute), elevated blood pressure (in the 140-160/100-110 range), pallor, numbness and tingling, vomiting (which can be severe and may require sedation), hallucinations (which can be intense), and, in some cases, tremors, and seizures.

How would you suggest that government, law enforcement, medical providers, school officials, etc. educate young people on the risks involved in the use of, what some believe, is a legal compound and an alternative to marijuana?

**PLEASE READ THE INFORMATIONAL PACKET THAT FOLLOWS.**

**REMEMBER to submit your essay of 350 words or less with your application.**

**STATEMENT OF ACCURACY**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the ISA scholarship program.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**REMEMBER**

The deadline for this application to be received is **March 12, 2012! Remember all applications are to be submitted to the Sheriff's Office in your County, DO NOT SUBMIT TO THE ISA.**