



ASSOCIATION OF BLACK LAW ENFORCERS SCHOLARSHIP AWARD

Application Form

Note: **This information must be neatly printed.** If additional space is required please use the back. You may prepare responses by computer as long as the headings and sequence of questions are in order.

Name: _____ Telephone: (_____) _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth [D/M/Y]: _____

1. High School/College/University currently attending: _____

2. College/University intended for September: _____

Area of Study:

- Law Enforcement / Law & Security
- Correctional Worker Program
- Criminology
- Law/ Criminal Justice Studies
- Police Foundation

I understand that A.B.L.E. is in no way obligated to award me a scholarship. I agree to provide educational documents, confirmation of acceptance to or attendance at an accredited College or University. I authorize A.B.L.E. to verify all information where necessary.

To the best of my knowledge the above information is complete and correct.

Applicant Name [Print]: _____

Signature: _____ Date: _____

Coordinator/Principal/Professor Name [Print]: _____

Signature: _____ Date: _____