



**MENDOTA HEIGHTS POLICE OFFICERS
BENEVOLENT ASSOCIATION**

Board of Directors
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P.O. Box 50862
Mendota, Minnesota 55150
www.OfficerScottPatrick.com
MHPOBA@gmail.com
Federal Tax ID 47-3246993

*The Officer Scott Patrick Memorial
Police Explorer Scholarship*

Applicant Information

Name: _____ Address: _____

City/State/Zip: _____

Telephone Number: _____ Email Address: _____

Date of Birth: _____ Current School Name: _____

School Address: _____

Anticipated Graduation Date: _____

Explorer Post Information

Explorer Post Name/Agency: _____

Explorer Advisor Name: _____ Advisor Phone: _____

Advisor Email Address: _____

Parent Information

Do you currently reside with your parent(s)?: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

If you do not reside with a parent(s), please provide the name of your legal guardian and their relationship to you: _____

Remembering Mendota Heights Police Officer Scott Patrick ~E.O.W. July 30, 2014~

The MHPOBA is an incorporated non-profit organization, registered with the Minnesota Secretary of State and is an approved 501(c)(3) charity



Student Academic History

High School GPA: _____ College GPA (if applicable): _____

List of Advanced or Honors Classes: _____

Honors, Awards, Volunteerism & Employment

List any honors and awards you have received: _____

Extracurricular Activities/Leadership Roles (including Police Explorer activities): _____

Work/Volunteer Experience: _____

Anticipated Post-High School Education Plans: _____

Required Essay

Please provide us with a 1 -2 page REQUIRED ESSAY answering these questions:

- 1) What has your involvement in your police explorer program meant to you?
- 2) Why are you choosing a career in law enforcement and what are your goals?



Explorer Post Advisor Authorization

I hereby certify that the above named applicant, _____,
is a current member in good standing with the _____
Explorer Post.

Advisor Signature: _____ Date: _____

Advisor Printed Name: _____

Applicant Authorization

I certify that all information provided in this application is accurate to the best of my knowledge.

In accordance with the Family Educational Rights and Privacy Act (FERPA), I, the undersigned, hereby release (if applicable) the following educational records to the Mendota Heights Police Officer Benevolent Association Scholarship Committee:

1. Transcript

I understand further that I have the right not to consent to the release of my education records and I understand that my refusal to consent will jeopardize my eligibility for this scholarship.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____