

**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)?: \_\_\_\_\_

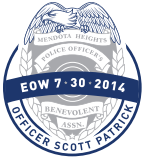
Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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: \_\_\_\_\_