

# Mike Byrd Scholarship Application

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## STUDENT

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

## EDUCATION

Name of university/college/vocational school you attend or plan to attend:

\_\_\_\_\_

Major \_\_\_\_\_ Type of Degree \_\_\_\_\_

High School \_\_\_\_\_

## PARENT – must be a sworn law enforcement officer within the boundaries of Miami-Dade County

Name \_\_\_\_\_ Rank \_\_\_\_\_

Agency \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

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Please describe your goals in relation to your field of study (use a separate sheet if necessary):

Scholastic Honors: Include information on all endeavors in the sciences, honor societies, club involvement, community activities, volunteer work, etc. (use a separate sheet if necessary)

Please list any scholarships you have already been awarded:

<b>Scholarship Name</b>	<b>Amount</b>

<b>Projected Expenses</b>		<b>Projected Resources</b>	
Tuition & Fees		Parent's Contribution	
Room & Board		Student's Income	
Books & Supplies		Education Loans	
Transportation		Grants & Scholarships	
Personal Expenses		Savings	
Other		Other	
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

**I certify that all of the statements contained herein are true and that false statements will automatically disqualify me from consideration.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**