

SCHOLARSHIP NAME:

**Oneida County Magistrates Association
Scholarship**

APPLICANT NAME: _____

REQUIRED:

- 1. Student must complete the attached application**
- 2. Senior who will pursue a degree in criminal justice, law enforcement or a field closely related**
- 3. Attach it all to this cover sheet and return to Counseling Office (We will mail for you on 4/12/24)**

DUE DATE: by 4/12/24 IN THE COUNSELING OFFICE

Oneida County Magistrates Association Scholarship

Full Name _____

Email address _____

Home address _____

Give a brief description and examples to demonstrate your own positive work ethic

Why have you decided to pursue a career in law enforcement/criminal justice?

Who is someone you greatly admire and why?

Mail application to Hon. Dotti Spina, 2844 Oneida Street, Sauquoit, NY 13456