



MAINE POLICE EMERALD SOCIETY CASHMAN MEMORIAL SCHOLARSHIP



NAME: (First, Middle, Last) _____

ADDRESS: _____

TELEPHONE: HOME _____ (MOBILE)
WORK _____

E-MAIL: _____

HIGH SCHOOL NAME: _____ GRADUATION YEAR: _____

HIGH SCHOOL ADDRESS: _____

UNIVERSITY: _____ MAJOR: _____

UNIVERSITY ADDRESS: _____

I HEREBY DECLARE ALL INFORMATION HEREIN AND HENCEFORTH IS TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF ANY OF THE INFORMATION CONTAINED WITHIN IS FOUND TO BE WILLFULLY OMITTED, MISREPRESENTED, OR FALSIFIED THAT WILL SERVE AS REASON FOR IMMEDIATE REMOVAL FROM THE PROCESS.

SIGNATURE _____ DATE _____

* PLEASE ATTACH TO THIS A COPY OF ALL APPLICABLE TRANSCRIPTS, THE REQUIRED ESSAY, AND ANY OTHER INFORMATION YOU WOULD LIKE CONSIDERED AND MAIL THEM TO THE ADDRESS AT THE BOTTOM OF THE PAGE, ATTN: SCHOLARSHIP COMMITTEE.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN THE 1ST OF JUNE

P.O. Box 626 WELLS, MAINE 04090

WWW.MAINEIRISHCOPS.ORG