



Florida Polygraph Association

LEN UMANOFF MEMORIAL SCHOLARSHIP APPLICATION

The Florida Polygraph Association (FPA) sponsors an annual educational scholarship award to qualified graduating high school seniors or students currently attending college or planning to attend school within the 12 months the scholarship is awarded, or other educational institutions of higher learning. The scholarship applicant must be 23 years of age or younger and enrolled, accepted, or planning to attend school in the year the scholarship is awarded.

This scholarship may be awarded annually by the Florida Polygraph Association Selection Committee if funds are available. Committee members consist of the current FPA Board of Directors or FPA members appointed by the FPA President. If an applicant is a dependent of a selection committee member, that member will not participate in the selection process. The amount of the scholarship award will vary given the available funds designated for scholarships for that particular year. The funds for the year will be equally divided among all qualified applicants.

The submitting applicant must be a dependent child, step-child, grandchild, or step-grandchild, age 23 or under, of an FPA member in good standing. If said member is deceased, the member must have been in good standing with the FPA at the time of death.

The applicant may only receive a FPA Scholarship award twice in his or her lifetime.

Each FPA member may nominate only one applicant for a scholarship per year.

The Chairperson of the Scholarship Committee will make application forms available for downloading via the FPA website. The application must be complete and submitted with all required documents to the Chair of the Scholarship Committee no later than May 5th of the year in which the applicant applies. All applicants must furnish a transcript from the most recent school attended that is the most recent one available at the time of application. Applicants must also submit two letters of recommendation, one from a member of the faculty from the school most recently attended and one from a non-relative who knows the applicant well.

The Chairperson will present all application packets to the Selection Committee for evaluation during the FPA's Board meeting prior to the Spring/Summer seminar. The Committee will determine whether applicants are qualified to receive the scholarship and distribute the awards. Applicants receiving a scholarship award will be notified and their names will be published in the minutes of the FPA meeting and on the FPA website.

NOTICE - Applicants must:

1. Personally complete the application and insure the entire packet is received by the Chairperson of the Scholarship Committee on or before May 5th of the year they apply. (Applicants, not the FPA, are responsible for ensuring delivery.) No electronic or faxed application packets will be considered.
2. Submit with this application a school transcript of all courses and grades from the educational institution most recently attended. The transcript must be the most recent record available at the time of the application.
3. Submit with the application two letters of recommendation. One shall be from a faculty member of the applicant's most recent educational institution, and one shall be from a non-relative who knows the applicant well.
4. Be a child or grandchild or step child or step grandchild of a FPA member, age 23 or under, and be nominated by a FPA member.
5. Have not received a FPA scholarship more than once in the past.
6. Agree to the terms of the FPA Scholarship program and accept the Committee's decisions as final.
7. Applicants can mail completed applications and other required documents to:
Scholarship Chairperson, C/O Florida Polygraph Association, P.O. Box 530279, DeBary, FL 32753-0279.

**THIS APPLICATION MUST BE COMPLETED BY THE APPLICANT IN ITS ENTIRETY.
INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED FOR SCHOLARSHIP
AWARDS. YOU MAY TYPE OR PRINT ANSWERS.**

Full name: _____ Age: _____ Birthdate: _____

Address: _____

Phone: _____ Alternative Phone: _____ E-mail: _____

Parent/ Guardian name: _____ Phone: _____

Nominating FPA member: _____ Relationship: _____

If awarded, at what college or educational institution do you intend to use this scholarship?

Address: _____

What do you intend to be your major field of study? _____

What other scholarships have you received? _____

What special recognition, honors or awards have you received as a student? _____

What involvement have you had in any school or community organizations? _____

Describe some of your hobbies or interests: _____

Describe your goals and educational objectives:

By submitting this application packet, I certify that all the information contained is true to the best of my knowledge. I understand the rules of this scholarship program and agree to them.

Applicant signature: _____ Date: _____