



# Charlie and Vita Snowden Scholarship Application

The Florida FBI National Academy Associates, Inc.  
P.O. Box 360973, Melbourne, FL 32936



**Eligibility:** Applicants must be a child or grandchild of an active Florida FBI National Academy Associates, Inc. (Florida FBINAA) member. The following criteria must be met in order for an eligible family member to apply for this scholarship:

1. The member must currently serve, **or** formerly served, in Florida during their career **and** must be a paid Florida FBINAA member.
2. The member is eligible to apply after three consecutive years of active paid status as a member of the Florida FBINAA **or** has been a member of the Florida FBINAA since graduating the FBI National Academy.
3. Eligible family member must be twenty-six (26) years of age or younger.
4. Eligible family member (applicant) must be enrolled in an undergraduate degree, a graduate degree, or a vocational certificate program (ex: law enforcement academy, fire/EMS academy, IT, healthcare, skilled trades, digital design, culinary, etc.) from an established educational institution.
5. A recipient may only receive the Snowden Scholarship a maximum of four times.

## Instructions:

Please complete all applicable fields in the application. Please provide all information requested. Failure to submit a completed application will disqualify you from consideration. Please type all answers (handwritten applications are not accepted). The completed application must be received by the Florida FBINAA no later than midnight on April 15<sup>th</sup> in the current calendar year. A recent photograph may be requested of all selected recipients to publish on the Florida FBINAA website or during Florida FBINAA events. Each applicant must submit two (2) letters of recommendation with their application. Pages 2-4 must be completed by the applicant, and Page 5 must be completed by the FBINAA member. After review and selection by the committee, applicants will be notified. All Snowden Scholarship Awards are made at the annual Florida FBINAA conference.

Upon completion, please submit the application and supporting documentation as follows:

1. The applicant must scan all of the documents to a PDF file and email the file to the Florida FBINAA Secretary at [secretary@floridafbinaa.org](mailto:secretary@floridafbinaa.org). The Florida FBINAA Secretary will acknowledge receipt of the application.
2. Although not preferred, applicants may submit the application via U.S. Mail to the Florida FBINAA via the address noted below.  
*Florida FBI National Academy Associates, Inc.*  
*Attn: Snowden Scholarship Committee*  
*P.O. Box 360973*

**ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN  
MIDNIGHT ON APRIL 15<sup>th</sup> IN THE CURRENT CALENDAR YEAR**



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## APPLICATION CHECKLIST

<u>Application</u>	<u>Attachments</u>
<input type="checkbox"/> Applicant Information	<input type="checkbox"/> College / University Acceptance Letter
<input type="checkbox"/> Parent Guardian Information	<input type="checkbox"/> Two letters of recommendation
<input type="checkbox"/> Applicant Information	<input type="checkbox"/> Current transcript. <i>Must include</i>
<input type="checkbox"/> Character References Information	<i>GPA 4.0 scale (not weighted GPA)</i>
<input type="checkbox"/> FBINAA Member Information <i>(completed by member)</i>	

## APPLICANT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I. MM/DD/YYYY*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 *Mobile*  *Home (check one)*

## PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I. MM/DD/YYYY*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 *Mobile*  *Home (check one)*

**COLLEGE / UNIVERSITY**

Please enter the following information of the college, university, or school that you plan to attend.

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Suite# (if applicable)*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Have you been accepted to this institution?

Yes → Date of admission: \_\_\_\_\_ (if yes, attach acceptance letter)  
*MM/DD/YYYY*

No → Anticipated date of acceptance: \_\_\_\_\_  
*MM/DD/YYYY*

Will you be a fulltime student?  Yes  No

If no, please explain: **(Limit of 300 characters)**

**CHARACTER REFERENCES (LIST TWO)**

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit#*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile  Home (check one)

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit#*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile  Home (check one)

## APPLICANT QUESTIONNAIRE

Please answer the following questions. (Limit of 500 characters for each field on this page)

1. Please list your extracurricular activities and describe your level of involvement in each within the past 3 years.

2. Please list your academic honors and other school related achievements including scholarships within the last 3 years.

3. Please list patriotic, community, civic, or church activities within the last 3 years.

4. Please describe your personal career goals.

5. Please state why you believe that you are the best candidate for this award.

**FBINAA MEMBER INFORMATION**

The following Section must be completed by the FBINAA member.

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Relationship to applicant: \_\_\_\_\_

FBINA Session#: \_\_\_\_\_ Active Member Since (date): \_\_\_\_\_

List the state conferences that you have attended by year: (Limit of 250 characters)

List the national conferences that you have attended by year: (Limit of 250 characters)

List the Florida area events that you have attended by event name, year, and location. (Limit of 250 characters)

Have you or a family member been the recipient of the Snowden Scholarship from the Florida FBINAA previously?  Yes  No (check one) If yes, please list the years below. (Limit of 250 characters)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FBINAA Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_