Police Community Relations Perseverance Scholarship

Name		
Birth Date	Social Security #	
Gender (M/F)	_Race/Ethnicity (optional)	
Driver's License #_		
	ool	
Date of Graduation_		
	<u> </u>	
Major Course of Sti	udy	
Defense es (en elese	two letters of references	
,	e two letters of reference)	
Applicant Signature	eDate	
Commission to obta	m, you give permission for the Holland Police Community Relations ain a criminal history and driving record report. If you are under the d ent's signature authorizing the criminal history and driving record rep	
Parent's Signature		
Parent's Name		
Address _		
_		
*Please attach your to:	essay, official transcript and two letters of reference to this application	and mail
ιυ.	Sgt. John Weatherwax	
	Holland Police Department	
	89 West 8 th Street	
	Holland, Michigan 49423	

*If you have any questions, please call or email: Sgt. Weatherwax at (616)355-1176, j.weatherwax@cityofholland.com

*Completed applications must be postmarked by May 31, 2022. Incomplete and late applications <u>WILL NOT</u> be considered.