

# The International Association for Identification 2131 Hollywood Blvd. Suite 403 Hollywood, Fl. 33020

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Date Received (IAI Office Use Only)

## Johnson-Whyte Memorial Foundation Fund Robert L. Johnson Academic Scholarship Application

This scholarship was established in memory of Robert L. Johnson of the U.S. Secret Service. Mr. Johnson was instrumental in the formation of the International Association for Identification (IAI) Latent Print Certification Board and served as its first Chairman. He was an active member of the IAI for 18 years and was serving as the 2nd Vice President of the IAI at the time of his death. The purpose of this scholarship is to promote the advancement and growth of Forensic Identification as a profession by offering financial grants for college scholarships and other educational and research projects consistent with the purposes of the IAI.

Deadline for applications is June 1.

#### **INSTRUCTIONS:**

- Sections 1, 3 and 5 must be completed by the applicant.
- Section 2 attach/enclose a copy of transcripts from the university or college attending.
- Section 4 must be completed by the applicant's employer (if applicable.)
- Application must be either typewritten or printed in ink.

SECTION 1:				
Name	Last	Firs	tt	M.I.
Address	Street or P.O. Box		Apt.#	
Address	City	State	Postal Code	Country
Telephone	Home	Work		School
Email				

University or	College attended					
		Name of College or University				
Address		Street or P.O. Box Apt.#				
Address		City	State	Postal Code	Country	
What academ	ic degree are you cur	rently pursuing	? □ Bachelors □ l	Masters □		
Doctorate If a	attending an undergra	duate program,	for which year are	you applying?		
What is your r	najor?					
Have you eve	r been convicted of a	crime? Yes	No If yes, plea	se explain:		
Have you e	ever received a S	cholarship f	rom the J&W F	oundation	Yes No	
SECTION 2:						
	GPA					
	ATTACH OR ENCLOSE A COPY OF TRANSCRIPTS					
SECTION 3:						

Please list any Community Service you are involved in:

# **SECTION 4:** Are you employed by a law enforcement agency or other forensic services provider? ☐ Yes ☐ No If yes, are you employed □ full-time □ part-time **Employer** Name of Agency, Company, Other Address Street or P.O. Box Suite # Address City State Postal Code Country Supervisor Applicant's Employer (if applicable) Are funds available from your organization to pay for the applicant's tuition? ☐ Full □ Partial □ None Is the applicant seeking a career in the field of forensic identification? ☐ Yes □ No ☐ Unknown What are the applicant's work habits? What contribution(s) has the applicant made to the field of forensic identification? Additional Comments:

Signature

Name Printed

Date

Submitted by

### **SECTION 5**:

What are your career goals and why did you select this particular career?

APPLICANT PLEDGE AND WA	AIVER:		
By signing this application be application are true, accurate, authorize the International Asso any statement made in this appl	and complete to ociation for Identific	the best of my kr	nowledge. I also
	Signature of Applicant		Date
	Applicant's Name Printed		
	Applicant's Name Printed		
NOTE: Completed applications of the year in which a scholarsh will <i>not</i> be considered. Schola Annual International Educationa	iip is being sought. Arship recipients wil	Incomplete or uns	signed applications

Please list the courses you plan to take next semester or quarter: