



*The International Association for Identification*  
*2131 Hollywood Blvd. Suite 403*  
*Hollywood, Fl. 33020*  
*(954) 589-0628 Tel*  
*(954) 589-0657 Fax*

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 First 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 academic degree are you currently pursuing? ☐ Bachelors    Masters    Doctorate

If attending an undergraduate program, for which year are you applying?

What is your major?

\_\_\_\_\_

Have you ever been convicted of a crime?    Yes    No    If yes, please explain:

Have you ever received a Scholarship from the J&W Foundation    Yes    No

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**SECTION 2:**

GPA \_\_\_\_\_

YOU MUST ATTACH OR ENCLOSE A COPY OF YOUR COLLEGE/  
UNIVERSITY 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:

Submitted by

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

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**SECTION 5:**

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

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

**APPLICANT PLEDGE AND WAIVER:**

By signing this application below, I do affirm all statements I have made in this application are true, accurate, and complete to the best of my knowledge. I also authorize the International Association for Identification and their agents to investigate any statement made in this application.

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Signature of Applicant

Date

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Applicant's Name Printed

**NOTE:** Completed applications are to be submitted to the IAI office no later than June 1<sup>st</sup> of the year in which a scholarship is being sought. Incomplete or unsigned applications will *not* be considered. Scholarship recipients will be notified of awards after the IAI Annual International Educational Conference.