



## Robert F. Flightner Memorial Scholarship Application

### Scholarship Application:

Today's Date:

A. Demographic Information			
Full Name	Last	First	Middle
Mailing Address			
City, State, Zip			
Home Telephone	-	-	
High School			
Graduation Year			
Social Security Number (Last 4 digits)			
College Attending			
Intended Major			

### B. Attestation and Grant of Release

#### Attestation and Grant Release:

I attest that the information contained in this application is true and complete to the best of my knowledge. I understand the information gathered by the Bryan Area Foundation for determining eligibility for various scholarships may be disclosed to members of the scholarship committee and the representative of the donor family.

\_\_\_\_\_  
Signature of Applicant

### C. Scholarship Questions

1. Please tell us about your current law enforcement or first responder career:

2. Explain the training/education you would like to attend and why this is beneficial:

3. Explain where this training takes place and what is the cost:

4. List any scholarships, grants, financial aid or employer reimbursement you will be receiving: