

Police Community Relations
Criminal Justice Scholarship

Name _____
Address _____

Telephone _____

Birth Date _____ Social Security # _____

Gender (M/F) _____ Race/Ethnicity (optional) _____

Driver's License # _____

Name of High School _____

Date of Graduation _____ GPA _____

College (Fall 2025) _____

Address _____

Major Course of Study _____

Career Plans _____

References (enclose two letters of reference)

Name _____

Position _____

Employer _____

Phone _____

Applicant Signature _____ Date _____

(By signing this form, you give permission for the Holland Police Community Relations Commission to obtain a criminal history and driving record report. If you are under the age of 18, you also need a parent's signature authorizing the criminal history and driving record report.)

Parent's Signature _____

Parent's Name _____

Address _____

**Please attach your essay, official transcript and two letters of reference to this application and mail to:*

Sgt. John Weatherwax
Holland Police Department
89 West 8th Street
Holland, Michigan 49423

**If you have any questions, please call Sgt. Weatherwax at (616) 355-1176.*

**Completed applications must be postmarked by May 30, 2025. Incomplete and late applications WILL NOT be considered.*