



Phil Royal Memorial Scholarship Application



PERSONAL INFORMATION

LAST NAME: FIRST NAME:

STREET ADDRESS:

CITY:

STATE: ZIP CODE:

EMAIL ADDRESS: PHONE NUMBER:

DATE OF BIRTH:



CRIMINAL JUSTICE TRAINING CENTER ENROLLED OR APPLIED TO:

NAME OF SCHOOL:

STREET ADDRESS:

CITY: STATE:

ZIP CODE:

TRAINING CENTER DIRECTOR PHONE

What is your relationship with a criminal justice officer?

On following page, please describe your future goals and career objectives



Florida Criminal Justice Training Center Directors Association

Dear Executive Board:

Signed: _____

Date: _____