



Southwestern Association of Forensic Scientists, Inc.

FLOYD E. MCDONALD SCHOLARSHIP PROGRAM

PURPOSE

To recognize and encourage students to pursue studies to prepare them for a career in the forensic science profession.

SCHOLARSHIP FUNDS:

An annual \$1,000 scholarship is available for an applicant who is attending a college or university in the United States of America. Permanent funding for the scholarship to be supplied from any or all of the following sources:

1. Donations from foundations, corporations and businesses.
2. Donations solicited from SWAFS members, other professional organizations and individuals.
3. Raffle(s) at the annual SWAFS Training Conference.
4. Online auction(s).
5. Provided from SWAFS general funds.

ELIGIBILITY REQUIREMENTS:

Applicants for scholarship funds must satisfy the following requirements:

1. Applicant must be entering their junior or senior year of a Bachelor of Science degree.
2. Applicant must be enrolled for at a minimum as a 1/2 time student (6 semester hours) with the intent of seeking a career in the Forensic Sciences with a Chemistry, Biology or Natural science major.
3. Applicant must have a grade point average of 3.0 or better.
4. Applicants related to SWAFS Board Members and/or Scholarship/Grant Committee Members are not eligible.

**ALL APPLICANTS WILL BE CONSIDERED WITHOUT REGARD TO
AGE, RACE, SEX, RELIGION OR NATIONAL ORIGIN**

SWAFS SCHOLARSHIP PROGRAM

Persons satisfying the eligibility requirements may apply by submitting the completed SWAFS Scholarship Application Form, prior to the April 1st deadline.

1. Section A & B
2. Transcript Form and an Official Transcript
3. Three (3) Letters of Recommendation (Parts 1&2)

Please mail to:

SWAFS SCHOLARSHIP COMMITTEE CHAIR

D Michelle O'Neal
Tarrant County Medical Examiner's Office
200 Feliks Gwozdz Place
Fort Worth, TX 76104

Applications are available at www.swafs.us

DEADLINE IS APRIL 1ST

INSTRUCTIONS:

- 1) All applications must be completed in English and received no later than April 1st. Sections A & B are to be completed, signed and mailed to the Scholarship Chair, prior to the April 1st deadline.
- 2) The Transcript Form is to be completed by the Admissions Office or other appropriate college or university official. The applicant should provide a preaddressed stamped envelope to those individuals completing this form. An official transcript must be mailed directly to the Chair, prior to the April 1st deadline.
- 3) The applicant must utilize the Letter of Recommendation forms in obtaining three (3) academic and/or employment references, as applicable. The applicant should complete Part I. The applicant should ask those individuals providing recommendations to complete Part II and mail the form to the Chair, prior to the April 1st deadline.

SWAFS SCHOLARSHIP PROGRAM

ADMINISTRATION OF SCHOLARSHIP PROGRAM:

The Scholarship Committee will review applications annually prior to the SWAFS Training Conference. Scholarships granted will be for the school year in the next fall semester. Scholarship renewals are not automatic; therefore it will be necessary to apply each year for the scholarship. Scholarship funds approved will be made payable to the applicant and sent directly to the applicant.

The SWAFS Scholarship Committee will administer the program. The Committee Chair will acknowledge the receipt of all complete applications by email. The Scholarship Committee will review the applications and select the recipient(s) of the scholarship(s).

The SWAFS President will notify, in writing the applicants that were approved for scholarships. The recipients of the scholarships will be requested by the Committee Chair to provide a photograph and a brief biography. The recipients will be announced at the annual SWAFS Training Conference and the recipient's photograph and biography will be posted on the SWAFS website.

The recipients will receive complimentary registration for the Training Conference at which their scholarship is to be announced.

FACTORS TO BE CONSIDERED WHEN GRANTING SCHOLARSHIPS:

1. Scholarships will be granted on a merit basis without regard to age, race, sex, religion, or country or origin.
2. The quality of the applicant's narrative statement that explains why he/ she decided to choose a career in Forensic Science.
3. Contributions of the applicant to the community at large and/or the field of Forensic Science.
4. Recommendations of academic advisor(s) and employer (if applicable).

SWAFS SCHOLARSHIP PROGRAM

SECTION A

(TO BE COMPLETED BY APPLICANT)

NAME: _____

ADDRESS: _____

TELEPHONE: _____ ALTERNATE TELEPHONE # _____

EMAIL: _____

COLLEGE OR UNIVERSITY

NAME: _____

ADDRESS: _____

TELEPHONE: _____

What academic degree are you currently pursuing? _____

In the upcoming fall semester you will be a { } Junior or { } Senior? (check one)

What is your GPA? _____ How many hours have you completed? _____

What is your current major? _____

Are you a student member of SWAFS? { } Yes { } No

Are you employed by a law enforcement agency? { } Yes { } No

Are you employed by a scientific laboratory? { } Yes { } No

If yes..... { } full time { } part time; hours per week _____

Employer: _____

Address: _____

Supervisor: _____ Telephone: _____

SWAFS SCHOLARSHIP PROGRAM

SECTION B

(TO BE COMPLETED BY APPLICANT)

1. What are your career goals and why did you choose this particular career?

2. Please list forensic courses you have taken or intend to take:

List your employment history, volunteer work and community participation:
(Please attach curriculum vitae or resume' if applicable)

| <u>Years</u> | <u>Employer</u> | <u>City, State</u> | <u>Job Title</u> |
|--------------|-----------------|--------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

APPLICANT PLEDGE AND WAIVER (Must be signed by the applicant before the application will be acted upon)

I do swear and affirm all statements are true, accurate and complete to the best of my knowledge. I also authorize the SWAFS Scholarship Committee to investigate any statement made in this application.

Signature _____ Date _____

SWAFS SCHOLARSHIP PROGRAM
TRANSCRIPT FORM

(TO BE COMPLETED BY THE COLLEGE OR UNIVERSITY OFFICE)

1. Admissions office telephone: _____
2. Students Name: _____
3. Status: { } Full Time { } Half Time { } Part Time
(student is not eligible if less than half time)
4. Cumulative Grade Point Average GPA _____ GPA in major _____
5. Please attach official transcript(s)

Signature

Date

Printed Name: _____

Title: _____

PLEASE MAIL THIS COMPLETED FORM
AND AN OFFICIAL COPY OF APPLICANTS TRANSCRIPT
BY APRIL 1ST TO:

SWAFS SCHOLARSHIP COMMITTEE CHAIR

D Michelle O'Neal
Tarrant County Medical Examiner's Office
200 Feliks Gwozdz Place
Fort Worth, TX 76104

SWAFS SCHOLARSHIP PROGRAM
LETTER OF RECOMMENDATION
PART I
(TO BE COMPLETED BY APPLICANT)

Name: _____

Address: _____

Name of Reference: _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students, however, are entitled to waive their right of access concerning recommendations. The following signed statement is the applicant's wish regarding this recommendation.

{ } I waive my right to inspect the contents of this recommendation.

Signature Date

{ } I do not waive my right to inspect the contents of this recommendation.

Signature Date

SWAFS SCHOLARSHIP PROGRAM
LETTER OF RECOMMENDATION
PART II
 (TO BE COMPLETED BY REFERENCE)

APPLICANT: _____

The Southwestern Association of Forensic Scientists will value your comments on the suitability of this applicant for this program. We will hold your comments in confidence if the applicant has signed the above waiver.

How long and in what capacity have you known the applicant?

Please carefully assess the applicant in the following areas. In making your assessment, compare the applicant to other individuals you have known with similar levels of experience and education.

Superior Good Average Poor Unknown

| | <u>Superior</u> | <u>Good</u> | <u>Average</u> | <u>Poor</u> | <u>Unknown</u> |
|---|-----------------|-------------|----------------|-------------|----------------|
| Intellectual Ability | | | | | |
| Ability to analyze a problem and formulate a solution | | | | | |
| Competence in Applicant's general field | | | | | |
| Self-reliance | | | | | |
| Leadership | | | | | |
| Creativity/Innovation | | | | | |
| Motivation | | | | | |
| Self-discipline | | | | | |
| Cooperativeness | | | | | |
| Oral communication | | | | | |
| Initiative | | | | | |
| Reliability | | | | | |
| Written communication | | | | | |

SWAFS SCHOLARSHIP PROGRAM

LETTER OF RECOMMENDATION

PART II

(CONTINUED; TO BE COMPLETED BY REFERENCE)

REFERENCE: _____

You can see from the preceding page that we are greatly interested in obtaining an accurate profile of the applicant’s capability. We realize that check off items sometimes do not provide you the opportunity to characterize the applicant as fully as you would like. Please give any additional comments on the applicant’s intellectual capability, motivation for seeking education and likely tenacity in following through with the ascribed program (e.g., perseverance, work habits, organization). In addition, please comment on the applicant’s professional attitudes and behaviors.

Your overall assessment of the applicant as to his or her ability to complete the program:

- | | |
|--|---|
| <input type="checkbox"/> Highly Recommend | <input type="checkbox"/> Recommend with reservation |
| <input type="checkbox"/> Recommend without reservation | <input type="checkbox"/> Do not recommend |

Signature Date

Printed Name

Position: _____

Institution: _____

Telephone: _____

PLEASE MAIL THIS COMPLETED FORM BY APRIL 1ST TO:

SWAFS SCHOLARSHIP COMMITTEE CHAIR

D Michelle O’Neal

Tarrant County Medical Examiner’s Office

200 Feliks Gwozdz Place

Fort Worth, TX 76104