



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 May 1st.

INSTRUCTIONS:

- Sections 1 and 5 must be completed by the applicant.
- Section 2 must be completed by the university or college administrator.
- Section 3 must be completed by the applicant's academic advisor.
- Section 4 must be completed by the applicant's employer (if applicable.)
- Application must be either typewritten or printed in ink.
- A copy of the applicant's transcript(s) must be enclosed.

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

School 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? Junior Senior

What is your major? _____

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

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

Name Telephone

SECTION 2:

Student Name

Last First M.I.

Admissions Office

Telephone Number

Attendance Status full-time part-time

G.P.A. _____ G.P.A. in Major _____ On a scale of _____

Submitted by

Signature Date

Name Printed Title

SECTION 3:

Academic Advisor

Name

Address

Street or P.O. Box Suite #

Address

City State Postal Code Country

Telephone

Voice Fax

Please comment on the applicant's academic work:

What potential does the applicant demonstrate for the field of forensic identification?:

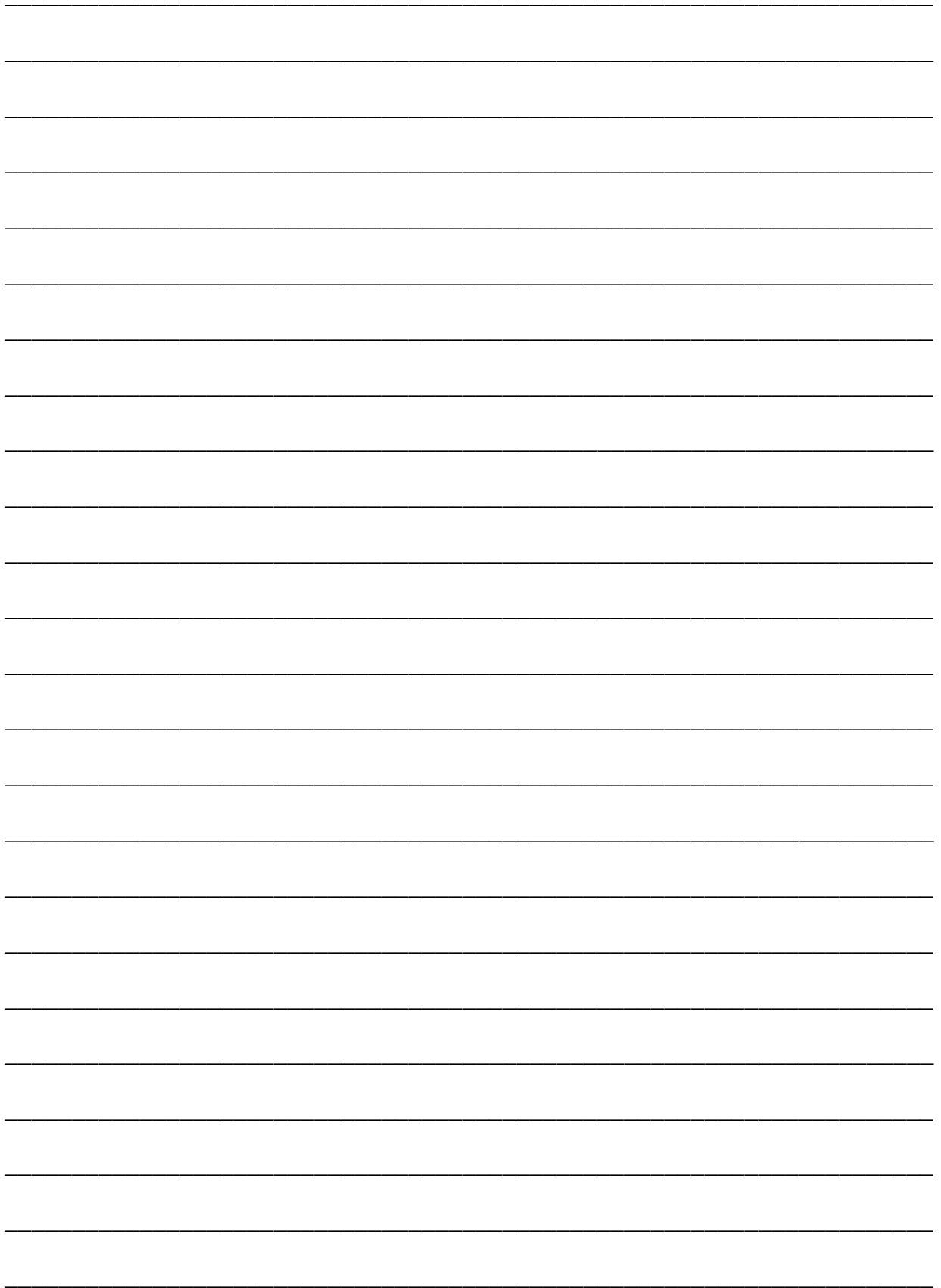
Please tell what you know about the applicant's personal qualities, traits, habits, etc.:

Additional Comments:

Submitted by

Signature Date

Name Printed Title



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 affirm that I have or will enroll as a full time student for the upcoming school year. I also authorize the International Association for Identification and their agents to investigate any statement made in this application.

Signature of Applicant

Date

Applicant's Name Printed

NOTE: Completed applications are to be submitted to the IAI office no later than May 1st 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.