



Your Doorway to Education

www.educate-doit.com

# Scholarship Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Current Certifications (if any): \_\_\_\_\_

US Military Veteran\*: Yes \_\_\_ or No \_\_\_

\*Veterans must provide copy of DD214 or retirement ID card if selected for Military Only scholarship.

ALOA Member: Yes \_\_\_ or No \_\_\_

How did you hear about this scholarship? \_\_\_\_\_

\_\_\_\_\_

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How long have you been in the door security and safety industry?

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What are your long-term career goals?

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How will this scholarship help you achieve those goals?

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For what course will you use the scholarship money?

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Return completed applications to: [Laura@Educate-doit.com](mailto:Laura@Educate-doit.com)