

KEITH RUIZ CRIMINAL JUSTICE MEMORIAL SCHOLARSHIP

NAME: _____ **SSN:** _____ - _____ - _____

PERMANENT ADDRESS

CURRENT MAILING ADDRESS

_____	_____
_____	_____
_____	_____

PERMANENT TELEPHONE #

CURRENT TELEPHONE #

() _____ () _____

HONORS, AWARDS, and EXTRACURRICULAR ACTIVITIES

High School _____

College _____

LETTERS OF RECOMMENDATION: The application is not considered complete until a letter of intent, transcript, resume, and three letters of recommendation have been submitted as a single package with this application.

