

The Rice County Deputy Sheriff's Association received a Memorial Donation from the family of retired Rice County Sheriff Dave Schweisthal. We are currently accepting applications for two (2) \$500 Law Enforcement Scholarships to be awarded for the 2019/2020 school year. Applicants must be currently enrolled in a law enforcement program at an accredited school and reside within Rice County.

Applicants must apply by January 1, 2020.

For a scholarship application, please click on the link which will direct you to the Sheriff's Office webpage where it can be found.

Please mail your completed applications to:  
Rice County Sheriff's Office  
Attention: Deputy Berndtson  
118 3<sup>rd</sup> Street NW  
Faribault, MN 55021



**RICE COUNTY DEPUTY SHERIFF'S ASSOCIATION**  
**118 3<sup>rd</sup> Street NW, Faribault, MN 55021**

Date:

**Notice: Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications which are not complete and legible will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application, and number answers to correspond with questions. When completed, return application to your local Sheriff's Office for their signature and submittal.**

**PERSONAL HISTORY**

| A. Name in full (first, middle, last)   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|--------------------------------|---|------------------|--------------|----------------|-------------|------------------|------------------|--|--|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <hr/>   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| B. Social Security Number   | C. Birth date (month,day,year) | D. Place of Birth   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| E. List all other names you have used including nicknames: if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.  |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| F. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                | Naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>RESIDENCE</b>  |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| A. Present Residence Address: (Apartment, Street, City, State, Zip Code) Telephone Numbers:   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                | Daytime   | <hr/>            |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                | Evening   | <hr/>            |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
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| B. Complete Address to which you wish all correspondence sent   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| C. List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home and military addresses including any off military base).  |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Dates</u></th> <th style="text-align: left;"><u>Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State/Zip</u></th> </tr> <tr> <th style="text-align: left;"><u>From - To</u></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> <tr> <td><hr/></td> <td><hr/></td> <td><hr/></td> <td><hr/></td> </tr> </tbody> </table> |                                |   |                  | <u>Dates</u> | <u>Address</u> | <u>City</u> | <u>State/Zip</u> | <u>From - To</u> |  |  |  | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> | <hr/> |
| <u>Dates</u>  | <u>Address</u>                 | <u>City</u>   | <u>State/Zip</u> |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <u>From - To</u>  |                                |   |                  |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <hr/>   | <hr/>                          | <hr/>   | <hr/>            |              |                |             |                  |                  |  |  |  |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
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## EDUCATION

| A. <u>Name of School</u>  | <u>Location</u> | <u>Dates</u><br><u>From-To</u>       | <u>Course/Degree</u><br><u>2 or 4 Yr Programs</u> | <u>Years</u><br><u>Completed</u> |                         |              |                   |                       |              |  |  |  |  |  |
|---|-----------------|--------------------------------------|---|----------------------------------|-------------------------|--------------|-------------------|-----------------------|--------------|--|--|--|--|--|
| <u>High School</u>  |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| -   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <u>College</u>  |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| -   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <u>Graduate School</u>  |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| -   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <u>Miscellaneous</u>  |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| -   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <p>B. Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you during your scholastic career?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;"><u>Date</u></th> <th style="width: 30%; text-align: center;"><u>School</u></th> <th style="width: 30%; text-align: center;"><u>Type of Action</u></th> </tr> </thead> <tbody> <tr> <td colspan="4" style="border-top: 1px solid black; height: 20px;"></td> </tr> </tbody> </table> |                 |                                      |   |                                  |                         | <u>Date</u>  | <u>School</u>     | <u>Type of Action</u> |              |  |  |  |  |  |
|   | <u>Date</u>     | <u>School</u>                        | <u>Type of Action</u>                             |                                  |                         |              |                   |                       |              |  |  |  |  |  |
|   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <p>A. List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>  |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <p>B. List any special abilities, interests, sports or hobbies with degrees of proficiency.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <p>C. Indicate your proficiency in each phase of each foreign language listed as "slight", "good", or "fluent".</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;"><u>Name of language</u></th> <th style="width: 15%; text-align: center;"><u>Speak</u></th> <th style="width: 15%; text-align: center;"><u>Understand</u></th> <th style="width: 15%; text-align: center;"><u>Read</u></th> <th style="width: 25%; text-align: center;"><u>Write</u></th> </tr> </thead> <tbody> <tr> <td colspan="5" style="border-top: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>          |                 |                                      |   |                                  | <u>Name of language</u> | <u>Speak</u> | <u>Understand</u> | <u>Read</u>           | <u>Write</u> |  |  |  |  |  |
| <u>Name of language</u>   | <u>Speak</u>    | <u>Understand</u>                    | <u>Read</u>                                       | <u>Write</u>                     |                         |              |                   |                       |              |  |  |  |  |  |
|   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <p>Are you a licensed automobile operator?</p> <p><input type="radio"/> Yes <input type="radio"/> No State(s) _____ D.L.# _____</p>   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <b>REFERENCES</b>   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <p>Give three references (NOT relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your physician if you have one, who have known you well for at least five years. If retired, give former occupation.</p>   |                 |                                      |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <u>Complete Name</u>  |                 | <u>Occupation</u>                    | <u>No. Yrs. Acq.</u>                              |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <u>Address</u>  |                 | <u>City/State/Zip</u>                |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |
| <u>( )</u><br><u>Daytime Phone #</u>  |                 | <u>( )</u><br><u>Evening Phone #</u> |   |                                  |                         |              |                   |                       |              |  |  |  |  |  |

## REFERENCES CONTINUED

|               |            |               |
|---------------|------------|---------------|
| Complete Name | Occupation | No. Yrs. Acq. |
|---------------|------------|---------------|

|         |                |
|---------|----------------|
| Address | City/State/Zip |
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|                        |                        |
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|               |            |               |
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| Complete Name | Occupation | No. Yrs. Acq. |
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| Address | City/State/Zip |
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|                        |                        |
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| ( )<br>Daytime Phone # | ( )<br>Evening Phone # |
|------------------------|------------------------|

Give three social acquaintances in your own age group including both sexes.

|               |                   |               |
|---------------|-------------------|---------------|
| Complete Name | School/Occupation | No. Yrs. Acq. |
|---------------|-------------------|---------------|

|         |                |
|---------|----------------|
| Address | City/State/Zip |
|---------|----------------|

|                        |                        |
|------------------------|------------------------|
| ( )<br>Daytime Phone # | ( )<br>Evening Phone # |
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|               |                   |               |
|---------------|-------------------|---------------|
| Complete Name | School/Occupation | No. Yrs. Acq. |
|---------------|-------------------|---------------|

|         |                |
|---------|----------------|
| Address | City/State/Zip |
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|                        |                        |
|------------------------|------------------------|
| ( )<br>Daytime Phone # | ( )<br>Evening Phone # |
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|               |                   |               |
|---------------|-------------------|---------------|
| Complete Name | School/Occupation | No. Yrs. Acq. |
|---------------|-------------------|---------------|

|         |                |
|---------|----------------|
| Address | City/State/Zip |
|---------|----------------|

|                        |                        |
|------------------------|------------------------|
| ( )<br>Daytime Phone # | ( )<br>Evening Phone # |
|------------------------|------------------------|

### EMPLOYMENT

List chronologically all employments, including, summer and part-time employments while attending school. All time must be accounted for. If unemployed for a period, indicate dates of unemployment.

|                  |                       |      |    |       |
|------------------|-----------------------|------|----|-------|
| Name of Employer | Position/Kind of Work | From | To | Date: |
|------------------|-----------------------|------|----|-------|

|         |                |
|---------|----------------|
| Address | City/State/Zip |
|---------|----------------|

|              |                    |                               |
|--------------|--------------------|-------------------------------|
| \$<br>Salary | Name of Supervisor | Reason for leaving/Unemployed |
|--------------|--------------------|-------------------------------|

## EMPLOYMENT CONTINUED

B.

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

C.

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

D.

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

E.

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

F.

Name of Employer \_\_\_\_\_ Position/Kind of Work \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Date: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\$ Salary \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ Reason for leaving/Unemployed \_\_\_\_\_

G. Have you ever been dismissed or asked to resign from any employment or position you have held?  Yes  No  
 If you answered yes:

| Employer's Name | Date | Reason |
|-----------------|------|--------|
|                 |      |        |
|                 |      |        |
|                 |      |        |

H. Do you have any sources of income other than your salary or that of your spouse?  Yes  No  
 Specify each with amount.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MILITARY RECORD

A. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No

B. Branch of Military Service \_\_\_\_\_

C. Highest rank attained \_\_\_\_\_

F. Serial Number \_\_\_\_\_

G. Dates of active duty: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

H. Type of Discharge \_\_\_\_\_

I. Basis for Discharge \_\_\_\_\_

J. Member of Reserve or National Guard?  Yes  No

K. Was any type of disciplinary action taken against you in the service?  Yes  No  
If yes, Nature of action: \_\_\_\_\_

## ORGANIZATION MEMBERSHIP

A. Are you now, or have you ever been a member of any club, society or organization?  Yes  No  
If yes, list below, do not abbreviate.

| <u>NAME</u> | <u>CITY/STATE</u> | <u>FORMER</u> | <u>PRESENT (list position held and extent of activity)</u> |
|-------------|-------------------|---------------|--|
|             |                   |               |  |
|             |                   |               |  |
|             |                   |               |  |
|             |                   |               |  |

## STUDENT NARRATIVE & STATEMENT OF NEED

What is your strongest personal characteristic? What do you consider your weakest characteristic? Any Why?

Why would you want to become a Law Enforcement Officer?

Describe your leadership qualities and style of management. How do you make decisions that may impact the lives of others around you or in your social group?

Describe why you are applying for this scholarship in no less than 150 words. (Use additional sheets if needed)

Please designate the Name and Mailing Address of the College or Technical Program and dates you will be/are attending.

**CONSENT FOR RELEASE OF INFORMATION**

*You are being asked to supply private or confidential information about yourself. The purpose of asking for this information is to assist the \_\_\_\_\_ County Sheriffs' Office in determining your eligibility for this grant application. You have a right to refuse to supply this information, however, as a consequence we may not be able to complete the review of your grant application. I understand that I may revoke this consent at any time and that upon fulfillment of the above stated purpose this consent will automatically expire without my express revocation. I certify this application information is true and correct.*

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County of Residence

\_\_\_\_\_  
Sheriffs Signature