



## Michigan Council of Professional Investigators Scholarship Application Form

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

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

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

In the 2023/2024 school year I will be a: Freshman  Sophomore  Junior  Senior

Major (Please include any minors as well): \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

What are your career goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you believe you are the best applicant for this scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your reason for requesting this scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else you would like to tell us about yourself? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You For Applying!