**AMERICAN SOCIETY OF CRIME LABORATORY DIRECTORS**

**AMERICAN BOARD OF CRIMINALISTICS**

**ED RHODES SCHOLARSHIP APPLICATION**

The American Board of Criminalistics (ABC) offers a complimentary examination sitting for one member of ASCLD or someone from a member’s organization per calendar year, known as the *Ed Rhodes Scholarship*. The Scholarship does not include the application fee or the costs associated with traveling to the test site.

The ASCLD requirements for receiving this award are:

1. The application must be endorsed by a current ASCLD member.
2. The applicant must meet the minimum requirements for taking the ABC exam.
3. The first criterion is financial need (e.g. employees without a reimbursement program).
4. The second criterion is employer’s requirements (e.g. employees are required to take an ABC exam or get credit towards promotion if they are certified).
5. If more than one applicant meets qualifications 1 through 4, then the recipient will be selected by random drawing. Applicants who do not meet the criteria for financial need or employer requirements will be eligible if no other applicants meet the requirements. (The recipient would also be selected by random drawing.)

**PLEASE NOTE**: This form is for the Ed Rhodes Scholarship award only. *The ABC requires you to pass their requirements and complete an application before you take any exam – their applications are due* **60 days prior to the exam date**. You **MUST** submit the application and necessary forms to the ABC prior to sitting the exam.

***Application due date: April 30, 2019***

***SUBMIT APPLICATION TO :***

ASCLD

Scholarship Application

***65 Glen Road Suite 123***

***Garner, NC 27529***

***Or email the completed form to*** [***office@ascld.org***](mailto:office@ascld.org)

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**SECTION A:** To be completed by applicant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | |  | | |
|  | | | (last) (first) (middle) | | |
| Contact Address: | | |  | | |
|  | | |  | | |
|  | | | (city) (state) (zip) | | |
| Telephone: | | |  | | |
| Email address: | | |  | | |
| Title or Position: | | |  | | |
| Employer: | | |  | | |
| Address: | | |  | | |
|  | | |  | | |
|  | | | (city) (state) (zip) | | |
| Supervisor: | | |  | | |
| Title or Position: | | |  | | |
| Telephone: | | |  | | |
| Email: | | |  | | |
| Requested ABC Certification Level : | | | |  | | |
| Exam applying for and date of exam: | | | |  | | |
| 1. | Have you met the minimum requirements for the exam? | | | | | |
|  |  | | | | | |
| 2. | Does your employer require you to obtain ABC certification? | | | | | |
|  |  | | | | | |
| 3. | Does your employer give credit toward promotion if you are certified? | | | | | |
|  |  | | | | | |
| 4. | Does your employer offer reimbursement for the exam cost? | | | | | |
|  |  | | | | | |
| 5. | If you feel you qualify for this award based on financial need, please provide details. | | | | | |
|  |  | | | | | |
|  |  | |  | | |  |
| (Signature and date) | | | | | | |

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**ED RHODES SCHOLARSHIP APPLICATION**

**SECTION B:** To be completed by an ASCLD member

|  |  |
| --- | --- |
| Applicant’s Name: |  |
| Your Name: |  |
| Title: |  |
| Address |  |
|  |  |
|  | (city) (state) (zip) |
| Telephone: |  |
| Email |  |
| Relationship to Applicant: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| (Signature and date) | | | |