**The Erik Abel Memorial Scholarship**

**Mid-Atlantic Police Polygraph Cooperative**

This $500 academic scholarship was created to honor the memory of one of the founders and the first president of the Mid-Atlantic Police Polygraph Cooperative, Erik Abel. Erik retired from the Lancaster City Police Department as a Detective Sergeant after 21 years of dedicated work in law enforcement. After retirement, he started his own private polygraph business which quickly grew to become one of the largest, most successful and most reputable in the Mid-Atlantic region. Erik was dedicated to truth and justice his entire life. This was evidenced by his devotion to training and educating polygraph examiners from all over the country at the Northeast Counterdrug Training Center Polygraph Institute and at various state, regional and national polygraph seminars. Erik’s business model became a blueprint for numerous other private examiners across the country, and he demonstrated his trademark selflessness by always assisting those who were in need of his expertise be it for a private business venture or polygraph questions in general. Erik’s contributions to the betterment of the world will continue in the form of this academic scholarship awarded in his name to deserving college students.

The Mid-Atlantic Police Polygraph Cooperative will award an annual educational scholarship to a deserving and qualified applicant who is a graduating high school senior or a continuing college student. Applicants must be a child, grandchild, niece, nephew, sibling, or adopted or dependent child of a member in good standing of the Mid-Atlantic Police Polygraph Cooperative. Applications for the scholarship must be submitted to the MAPPC Board either electronically or via mail no later than the calendar date of February 1 proceeding the annual MAPPC seminar at which time the scholarship would be presented. Review of the applications will be conducted by the MAPPC Board, and the recipient will be announced annually at the MAPPC seminar. Relatives of MAPPC Board members are not eligible for this scholarship until after said member completes their time in service to the Board.

**APPLICANT INFORMATION**

**APPLICANT NAME:**

**APPLICANT STREET ADDRESS:**

**CITY/STATE/ZIP CODE:**

**APPLICANT PHONE:**

**APPLICANT EMAIL:**

**NAME OF SPONSORING MAPPC MEMBER:**

**RELATIONSHIP TO APPLICANT:**

**SPONSOR EMAIL:**

**SPONSOR PHONE:**

**SCHOLARSHIP APPLICATION REQUIREMENTS**

**APPLICANT’S EDUCATIONAL GOALS/OBJECTIVES (narrative of 300 words or less):**

**CURRENT HIGH SCHOOL OR COLLEGE GPA:**

**LIST ANY AWARDS OR RECOGNITIONS RECEIVED FOR EXCELLENCE IN ACADEMICS, ATHLETICS OR COMMUNITY SERVICE:**

**LIST ANY LEADERSHIP POSITIONS HELD:**

**LIST ANY COLLEGES OR UNIVERSITIES TO WHICH APPLICANT HAS APPLIED:**

**LIST ANY COLLEGES OR UNIVERSITIES TO WHICH APPLICANT HAS BEEN ACCEPTED:**

**LIST ANY FUTURE OR CURRENT COLLEGE/UNIVERSITY MAJORS/MINORS:**

**LIST ANY ADDITIONAL SCHOLARSHIPS AWARDED TO APPLICANT:**

**HOW MANY DIRECTLY RELATED FAMILY MEMBERS ARE CURRENTLY ATTENDING COLLEGE?**

**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY OFFENSE?**

**HAVE YOU EVER RECEIVED A DISHONORABLE DISCHARGE FROM A BRANCH OF THE UNITED STATES MILITARY?**

**REQUIRED DOCUMENTS FOR SCHOLARSHIP APPLICATION**

1. **APPLICANT MUST SUBMIT A CURRENT TRANSCRIPT (copies are acceptable) FROM THEIR CURRENT HIGH SCHOOL OR CURRENT COLLEGE/UNIVERSITY (for continuing college students).**
2. **APPLICANT MUST SUBMIT A LETTER OF RECOMMENDATION FROM A MEMBER OF THEIR CURRENT INSTITUTION’S FACULTY OR A REPRESENTATIVE OF ANY SOCIAL, ATHLETIC, COMMUNITY OR RELIGIOUS AFFILIATION TO WHICH THE APPLICANT BELONGS.**
3. **APPLICANT MUST SUBMIT A LETTER OF RECOMMENDATION FROM A NON-FAMILY MEMBER WHO CAN PERSONALLY ATTEST TO THE APPLICANT’S CHARACTER.**
4. **(optional) APPLICANT MAY SUBMIT ANY ADDITIONAL DOCUMENTATION OR A NARRATIVE STATING WHY THEY SHOULD RECEIVE THIS ACADEMIC SCHOLARSHIP.**

**BY SIGNING THIS DOCUMENT, YOU CERTIFY THAT ALL INFORMATION IS CORRECT AND TRUE TO THE BEST OF YOUR KNOWLEDGE. OMISSION OR FALSIFICATION OF INFORMATION WILL RESULT IN THE REJECTION OF THE APPLICATION.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**