



## **American Association of Police Polygraphists, Inc.**

### **WILLIAM “BUDDY” SENTNER SCHOLARSHIP AWARD \***

#### **SCHOLARSHIP APPLICATION**

The American Association of Police Polygraphists, Inc. sponsors an annual educational scholarship to any deserving and qualified graduating high school senior or student currently attending college. Each applicant must complete the following application for eligibility. Incomplete applications will not be considered.

The American Association of Police Polygraphists (AAPP) may award scholarship(s) annually. AAPP Scholarship Selection Committee members consist of the current Officers and Board of Directors of the Association. The Selection Committee is presided over by the Chairperson of the Board or a designee. The Selection Committee determines the monetary amount awarded on an annual basis for this scholarship program. If the submitting applicant is a dependent of a Selection Committee member, said member will not act in the selection process.

The submitting applicant must be a child, grandchild, niece, nephew, or adopted or dependent child under the age of twenty-three. The applicant must have at least one parent, grandparent, uncle, aunt or legal guardian who is a FULL, LIFE, or HONORABLY RETIRED member in good standing with the AAPP. The applicant's relative may be deceased as long as he or she was a member in good standing with the AAPP at the time of death.

Requests for applications will be made to the AAPP Chairperson and the AAPP Board of Directors. Applications must be completed and returned to the chairperson no later than February 15<sup>th</sup> of the year in which the applicant applies. The chairperson will present all completed applications to the Selection Committee for evaluation during the AAPP's scheduled board meeting prior to the annual business meeting. Recipient(s) of the scholarship will be announced during the annual seminar meeting; recipient(s) name and photograph may be published (unless specifically requested not to) in the *AAPP Journal*.

The Selection Committee must approve any deviation or changes required as part of this program. Requests for any changes must be submitted in writing to the chairperson. The Selection Committee will make all decisions regarding the rules and information of the scholarship application. All applications are to be evaluated in the same manner. Decisions about the amount of the award; disbursement of scholarship monies; and, selection of recipients will be made by the Selection Committee. The chairperson will notify the recipient of the scholarship award, and the AAPP Treasurer will ensure proper disbursement of monies to the recipient(s) or to the recipient's school.

**THE FOLLOWING INFORMATION MUST BE PRINTED OR TYPED. ANY INFORMATION NOT INCLUDED OR ILLEGIBLE WILL BE CAUSE FOR APPLICATION REJECTION.**

**APPLICANT NAME AND ADDRESS**

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_ LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

FAX NO. ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**AAPP MEMBER INFORMATION**

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_ LAST NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_  LIVING  DECEASED

**SCHOOL INFORMATION**

LIST THE COLLEGE, INSTITUTION OR UNIVERSITY YOU PLAN TO ATTEND.

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

ACCEPTED:  YES  NO WHICH SCHOOL(S) \_\_\_\_\_

HAVE YOU APPLIED FOR FINANCIAL AID AT THE COLLEGE, INSTITUTION OR UNIVERSITY LISTED ABOVE?  YES  NO

ARE YOU THE RECIPIENT OF ANY OTHER SCHOLARSHIP AWARD? IF YES, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

ESTIMATE FINANCIAL ASSISTANCE NEEDED PER YEAR: \_\_\_\_\_

PLEASE DESCRIBE YOUR EDUCATIONAL GOALS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL HISTORY**

(1) Have you ever been the subject of a criminal investigation or an offense involving moral turpitude?  YES  NO (2) Have you ever been discharged or released from any branch, department or agency of federal, state, county or municipal government, including the armed services of the United States of America and it's Reserve or National Guard affiliates for reasons other than honorable conditions?  YES  NO (3) Have you ever been discharged or asked to resign from any employment, organizational membership or society?  YES  NO

*(Provide detailed information on a separate sheet of paper if you answered YES to any of these questions)*

ARE YOU PRESENTLY EMPLOYED:  FULL TIME  PART TIME

LIST EMPLOYER (S): \_\_\_\_\_

\_\_\_\_\_

ARE ANY MEMBERS OF YOUR FAMILY ATTENDING COLLEGE NOW? IF YES, GIVE PARTICULARS: \_\_\_\_\_

\_\_\_\_\_

LIST ANY SPECIAL RECOGNITION YOU MAY HAVE RECEIVED FOR EXCELLENCE IN SCHOOL WORK, SUCH AS PRIZES, AWARDS OR HONORS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST ACTIVITIES AND/OR ANY OFFICES OR POSITIONS HELD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LIST YOUR EXTRA CURRICULAR OR COMMUNITY ACTIVITIES AND HOBBIES:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ADDITIONAL INSTRUCTIONS**

- 1) Applicant must submit with this application an official transcript of all courses and grades received throughout high school and/or other educational institution most recently attended.
- 2) Applicant must provide with this application two character reference letters, one from your current institution's faculty and one from a non-relative.
- 3) If extra space is needed, the applicant may include (*by enclosure or attachment*) additional pages to this application. All information will be retained by the AAPP and will not be returned to the submitting applicant.

**APPLICATION AGREEMENT**

YOU ARE REQUIRED TO SIGN AND DATE YOUR APPLICATION. FALSIFICATION OR OMISSION OF INFORMATION WILL RESULT IN REJECTION OF THE APPLICATION. NOTE: YOUR SIGNATURE AUTHORIZES THE AAPP TO REQUEST AND VERIFY ANY BACKGROUND INFORMATION REGARDING YOUR APPLICATION.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
WITNESS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED APPLICATION TO:**

**AAPP, P.O. Box 657, Waynesville, OH 45068-0657**

**BUSINESS PHONE: (888) 743-5479      FAX: (937) 488-1046**

**EMAIL ADDRESS: [nom@policepolygraph.org](mailto:nom@policepolygraph.org)**

**\* WHO IS WILLIAM "BUDDY" SENTNER**

Special Agent Buddy Sentner, a 44 year old AAPP member, was shot and killed in the Tallahassee Federal Correctional Institution while serving arrest warrants on six federal corrections officers on June 21<sup>st</sup>, 2006. The officers had been charged with smuggling contraband to prisoners in exchange for money and other favors. As agents served the warrants in the lobby, one of the six corrections officers opened fire with a weapon he had smuggled into the prison. Agent Sentner returned fire while he shielded the other agents in the room from the gunfire. Before he was fatally shot in the chest, Agent Sentner's shots fatally wounded the assailant. A corrections lieutenant, who assisted the agents serve the warrants and make the arrests, was also shot and wounded by the assailant. The other five corrections officers were taken into custody. Agent Sentner had served in law enforcement for 17 years. He was assigned to the U.S. Department of Justice - Office of the Inspector General, Orlando Field Office. He had formerly served as a special agent with the United States Secret Service and as an officer with the United States Secret Service Uniformed Division.