

# **Annual Drug Enforcement Association of Federal Narcotics Agents (DEAFNA) Foundation Scholarship**

**Each of the Six DEAFNA Regions  
will grant a \$2500.00 scholarship to the selectee**

**The application period:  
January 1st to April 1st**

## **Qualification Requirements**

- The Scholarship is only open to children and grandchildren of the National DEAFNA Members.
- Applicants must be graduating high school seniors who are entering the first year of an accredited institution of higher learning.
- Applicants must have participated in extracurricular activities/programs.
- All required documentation must be submitted by April 1<sup>st</sup> of the current year.

## **Application Instructions**

To receive appropriate consideration, responses should be well written, using proper grammar, sentence structure and punctuation. Correct spelling is also required. The reviewer of the application should be able to get a clear and concise understanding of what the student is trying to express.

Complete the below Scholarship Application Form (see pages 3-4). Create separate PDF documents for items 1 through 3 identifying your response as:

1. Extracurricular Activities / Programs & Community Service
2. Personal Statement
3. Essay 3a or 3b

Email the Scholarship Application Form and required documents in PDF format and photo in JPEG format to the applicable DEAFNA Regional Vice President (see page 2).

# DEAFNA Regions

## **Northeast Region**

Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York, Rhode Island, & Vermont

John Gilbride- Regional Vice President Board of Directors  
[jgilbride1023@verizon.net](mailto:jgilbride1023@verizon.net) 646-208-7634

## **Mid-Atlantic Region**

Delaware, Kentucky, Maryland, Pennsylvania, Virginia, West Virginia & the District of Columbia

Peter Mitesser- Regional Vice President Board of Directors  
[Petermitesser@gmail.com](mailto:Petermitesser@gmail.com) 202-427-0124

## **Southeast Region**

Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee & the territories of Puerto Rico & Virgin Islands

John McKenna- Regional Vice President Board of Directors  
[jmckenna3344@gmail.com](mailto:jmckenna3344@gmail.com) 954-560-8031

## **North Central Region**

Illinois, Indiana, Iowa, Michigan, Minnesota, Nebraska, North Dakota, Ohio, South Dakota & Wisconsin

Chuck Soltys- Regional Vice President Board of Directors  
[csoltys@msn.com](mailto:csoltys@msn.com) 312-504-1987

## **South Central Region**

Arkansas, Colorado, Kansas, Missouri, New Mexico, Oklahoma, Texas, & Wyoming

Mike Sanders- Regional Vice President Board of Directors  
[michael.a.sanders1@gmail.com](mailto:michael.a.sanders1@gmail.com) 281-773-3632

## **Western Region**

Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Utah and Washington and the territory of Guam

Rob Silano- Regional Vice President Board of Directors  
[rob@robsilano.com](mailto:rob@robsilano.com) 650-576-3481

*Any questions can be directed to Scholarship Coordinator  
John Gilbride [jgilbride1023@verizon.net](mailto:jgilbride1023@verizon.net) / 646-208-7634*

## **Scholarship Application Form**

<b>Applicant's Name:</b>	Date:
Address:	
Phone #:	Email Address:
Year of Birth:	
<b>Parent's (Guardian's) Name:</b>	
Address:	
Phone #:	Email Address:
<b>DEAFNA Sponsor's Name</b> (as listed on his/her DEAFNA profile):	
Relationship to sponsor:	
Address:	
Phone #:	Email Address:
<b>Name of School:</b>	
Address:	
Year in School:	Current GPA:
<b>Name of School Counselor:</b>	

*Complete items 1 through 3 on separate documents.*

### 1. **Extracurricular Activities / Programs & Community Service**

Please list your involvement in extracurricular activities/organizations, to include community service and or volunteer service. For each activity, provide the following:

- The name of the organization
- Brief description
- Dates of participation
- Hours spent per week
- Your role/position in the organization
- A brief statement on the impact or benefit of this activity on you and/or the community
- Contact name and telephone for each activity listed

The following factors will be considered:

- Specific role and degree of leadership
- How long involved and hours spent
- Impact or benefit of activity on those served
- Materials developed
- Initiation of innovative projects

### 2. **Personal Statement**

Please tell us about yourself, your career goals, formal education plans, etc.

**3. Essay**

Please write a 350-word essay about one of the two topics below. From your submission, we should be able to get a clear and concise understanding of your proposal.

a) What would you propose for an effective educational drug abuse prevention program for your school?

**Or:**

b) What would you propose for an effective educational drug abuse prevention program for your community?

**4. Two Letters of Recommendation**

Please submit two letters of recommendation from people who have knowledge of your participation in your extracurricular activities / programs & community service. The letters must be signed, dated, and clearly identify the person making the recommendation (e.g. position and address). Letterhead stationery is preferred.

**5. Official School Transcript**

Please submit an official school transcript.

**6. Recent Photograph**

Please submit a suitable JPEG photo for display on the afna.org and afnafoundation.org websites if selected as a winner.

**Declaration**

I certify that all information in this application is true and that I have completed all sections myself.

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

We want to celebrate your accomplishments by announcing and publishing the scholarship winners on our website. To accomplish that, we ask that you read and sign the below.

**I GRANT** permission for my name, photo, and hometown to be published on the DEAFNA Foundation website [www.afnafoundation.org](http://www.afnafoundation.org) and the DEAFNA website [www.afna.org](http://www.afna.org)

**Name of Applicant:** (print) \_\_\_\_\_

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

*If applicant is under 18 years of age:*

**Name of Parent/Guardian:** (print) \_\_\_\_\_

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

**Relationship to Applicant:** \_\_\_\_\_

*Thank you for completing your DEAFNA Foundation Scholarship Application*