



The Loss Prevention Foundation
SCHOLARSHIP APPLICATION

Mail completed application & attachments to:
The Loss Prevention Foundation, 8483 Hilltop Drive,
Mentor, Ohio 44060 Attn: Gene Smith

A. Personal Information

First Name Middle Last Name

Home Address:

City: State: Zip: Phone:

School Address:

City: State: Zip: Phone:

Permanent E-mail: _____

B. Academic Information

Name of College/University:

Address of College/University:

Street

City: _____ State: _____ Zip: _____ Phone: _____

Major: _____ Graduation Date: _____

Semester Status: (circle one)

Junior: 1st semester or 2nd semester Senior: 1st semester or 2nd semester

Graduate Student: Planned Graduation date: _____

C. Reference Information

| | Name | Name of College or Employer | Position/Title | Phone# |
|----|-------|-----------------------------|----------------|--------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |

Identify the five (5) courses you have completed which you believe are most important for your loss prevention career.

- 1.
- 2.
- 3.
- 4.
- 5.

I hereby certify that all the information contained in this application is complete and correct to the best of my knowledge.

Signature: _____ Date: _____



The following items must be submitted with the completed application in one package. Incomplete packets will not be considered.

- Transcript(s) – please keep in mind that fulfillment of requests for an official transcript may take up to 2-3 weeks.
 - Include transcript from current college/university.
 - Include transcript(s) from any other college/university attended.
- Resume - Limited to one (1) page, typed or legibly printed, containing the following:
 - Business/Work Experience. Include paid, volunteer, full and part time positions. Provide name of organization, dates of employment, position held, description of responsibilities and accomplishments.
 - Internships. Provide name of organization, dates of internship, supervisor's name, description of projects on which you worked, knowledge gained and how this experience will impact your retail career.
 - Community Service Activities.
 - Leadership Roles.
 - Honors, Awards, Special Recognitions.
 - Extra-Curricular Activities. Include any positions held.
- Essay - Limited to two (2) pages, typed or legibly printed, responding to the following: (one paragraph per question)
 - Why are you thinking of selecting this as your career and what attributes/skills do you have that you believe will make you successful?
 - Describe your career goals and how you plan to attain them.
 - Describe the most meaningful challenge you have had in life/business and how you addressed it.
 - Describe any personal, business, educational or leadership experiences that would be meaningful in your selection for this scholarship.
 - Describe what it would mean to you to receive this scholarship.
- Letters of Endorsement - Three (3) required, each must be provided in a sealed envelope from the person making the endorsement.
 - Personal or family endorsements will not be accepted.
 - Acceptable letters, one from a faculty member(s) (applicant's advisor and/or professor), and at least one from a business endorsement(s) and/or endorsement from individuals who can identify applicant's leadership capabilities.Endorsement letters should speak to the applicant's academic merit, professional goals and leadership qualities.

Mail application with all required documents to:

The Loss Prevention Foundation
Academic Scholarship Committee
700 Matthews Mint Hill Road, Suite C
Matthews, NC 28105
(866) 433-5545