

OKLAHOMA STATE BUREAU OF INVESTIGATION

ALOWNA RAFFIELD SCHOLARSHIP TRAINING APPLICATION

APPLICANTS NAME: _____ AGENCY: _____

DATE OF APPLICATION: _____ CLASS DATE: _____ through _____

Present level education: ___ H.S./GED ___ Associates ___ Bachelors ___ Masters ___ CLEET CERT

State your current work duties and give a brief description of those duties.

Please explain why you want to attend the training and what you would like to learn.

Briefly describe your law enforcement experience.

Applicants must sign below and return to an OSBI Captain in your region. OSBI Captain must rank the applicants and return the application to the Director of Investigations. Applications may be handwritten or submitted online.

Applicant Signature: _____ Date: _____

OSBI Captain Signature: _____ Date: _____

FOR TRAINING USE ONLY

Approved _____ Denied _____ Captain Ranking: _____

Training Officer Signature: _____ Date: _____