

**ED WYNN/SAFE MEMORIAL SCHOLARSHIP
2024 APPLICATION**

Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Currently enrolled: (Circle one): High School Senior College Student

High School: _____

College/Trade/Vocational School: _____

Public Safety Parent/Guardian Name: _____

Public Safety Parent/Guardian Department: _____

Public Safety Parent/Guardian Position: _____

List any school activities, extracurriculars, awards, honors, and/or community service:

*** Applications and all applicable attached documents must be postmarked no later than June 1, 2024, for the review and selection of winners by July 1, 2024.**

**Please attach your essay, reference letters, and transcript.
Submit completed application packet to:**

**Kansas City Metropolitan Crime Commission
ATTN:SAFE
3100 Broadway Blvd, Suite 1234 Kansas City, MO 64111**