



# BLUE LINE SCHOLARSHIP APPLICATION

FIRST NAME

LAST NAME

PHONE NUMBER

EMAIL ADDRESS

DEPARTMENT

MCOLES NUMBER

ARE YOU A CERTIFIED ACTIVE OR RESERVE OFFICER IN THE STATE OF MICHIGAN?  Active  Reserve

ARE YOU REQUIRED TO CARRY A FIREARM IN THE PERFORMANCE OF YOUR DUTIES?  Yes  No

HAVE YOU ATTACHED A SCAN / PHOTOCOPY OF YOUR LEO CREDENTIALS?  Yes

## ELIGIBLE SCHOLARSHIP CLASSES:

Foundation Handgun | Foundation Shotgun | Foundation Carbine  
Handgun Cover & Movement | Long Gun Cover & Movement | Low Light Handgun  
Low Light Carbine | When Things Go Bad | Home Defense (Shoothouse)

#1 DESIRED CLASS DATE

DESIRED CLASS NAME

#2 DESIRED CLASS DATE

DESIRED CLASS NAME

#3 DESIRED CLASS DATE

DESIRED CLASS NAME

If you have any questions, please email [info@trainmdfi.com](mailto:info@trainmdfi.com).

Mail this completed form along with your credentials to:

MDFI  
2800 S. Kings Hwy  
Luther, MI 49656