

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?	
ARE YOU REQUIRED TO CARRY A FIREARM IN THE PERFORMANCE OF YOUR DUTIES?	
HAVE YOU ATTACHED A SCAN / PHOTOCOPY OF YOUR LEO CREDIENTIALS?	
ELIGABLE 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 quetions, please email info@trainmdfi.com.

Mail this completed form along with your credientals to: MDFI 2800 S. Kings Hwy Luther, MI 49656