

BLUE LINE SCHOLARSHIP APPLICATION

FIRST NAME	LAST NAME	
PHONE NUMBER	EMAIL ADDRESS	
DEPARTMENT	MCOLES NUMBER	
ARE YOU A CERTIFIED ACTIVE OR	RESERVE OFFICER IN MICHIGAN?	☐ Active ☐ Reserve
ARE YOU REQUIRED TO CARRY A	FIREARM IN THE PERFORMANCE OF YOUR D	UTIES? Yes No
HAVE YOU ATTACHED A SCAN / PI	HOTOCOPY OF YOUR LEO CREDENTIALS?	☐Yes
REQUIRED TO PAY A \$25 RANGE F YOU MAY EITHER SEND A CHECK/MONE	ARSHIP COVERS 100% OF CLASS TUITION BU'FEE (DUE AT TIME OF REGISTRATION). SY ORDER WITH THIS FORM OR YOU WILL MAIL WHEN REGISTERED FOR SELECTED CLASS.	T THAT I'M Yes
I UNDERSTAND THAT FAILURE TO UNLESS MDFI IS NOTIFIED 30 DAYS PRIO	SHOW UP FOR CLASS WILL REQUIRE PAYMEN R VIA EMAIL AT INFO@TRAINMDFI.COM.	NT IN FULL. Yes
Handgun Cover + Movement Long	Foundation Shotgun Foundation Carbine Gun Cover + Movement Low Light Handgun Dor YSS (You STILL Suck! It's Not the Gun!)	Low Light Long Gun
#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.

Mail this completed form along with your credentials to:

MDFI

2800 S. Kings Hwy Luther, MI 49656