FRATERNAL ORDER OF POLICE ASSOCIATES OF OHIO, INC. SCHOLARSHIP APPLICATION GUIDELINES

- 1. Total amount of scholarship will be \$4000.00 payable over a four-year period. \$500.00 paid in August and December of each year with proof of enrollment from an accredited college or university. A onetime award of \$500.00 will be awarded to the first runner-up.
- 2. Applicant must be a graduating high school senior.
- 3. A parent or legal guardian, must be a member in good standing with the Fraternal Order of Police of Ohio or have been a member in good standing at time of their death.
- 4. Scholarships will be awarded on the basis of economic need, scholastic performance, leadership qualities and goals in life.
- 5. Transcripts of grades for the <u>sophomore through the first semester of the senior</u> <u>year</u> must accompany this application, along with three (3) letters of endorsement. Only one letter from a former teacher, counselor, or school administrator will be accepted.
- 6. A committee composed of members of the Fraternal Order of Police and the Fraternal Order of Police Associates will review the applications and select scholarship winners.
- 7. Each applicant applying for a scholarship will receive a letter informing them of the final outcome of the selection process from the scholarship committee chairman.
- 8. The recipient must maintain at least a 2.5 grade point average and forward to the State Fraternal Order of Police Associates Secretary; transcripts of grades and enrollment status for each academic year of the scholarship, on or before August 1st.
- 9. If a student cannot fulfill the scholarship requirements, the scholarship will be terminated upon recommendation of the Fraternal Order of Police Associates State Secretary and State Scholarship Committee.
- 10. Students are to use this official scholarship application form when applying for a scholarship. NO OTHER APPLICATION FORMS OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED FOR CONSIDERATION.

Email applications to: dyoung@fopohio.org or mail to: FOPA Scholarship Committee, 222 E. Town St., Columbus, OH, 43215-4611 APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 1ST

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Adopted by the FOPA State Board: 01/10/1990

Revised: 03/1991

Revised by Scholarship Committee: 06/2002

Fraternal Order of Police Associates of Ohio, Inc. Official Application for Scholarship Assistance

(All items must be completed)

Name:			
First	Middle	Last	
Home address:			
Date of birth:/	/ Prim	ary phone: ()	
Name of High School:			
Current GPA:		Class Rank:	
Are you currently em	ployed?	If yes, please list Employer:	
Explain briefly the kin		you wish:	
Have you made applic	cation to an accredit	ed college or university?	
Have you been accep	ted?		
What accredited colle	ege or university do y	ou plan to attend?	
List school and comm	unity activities whicl	n you have participated:	

List any office, or position which you have held and any special recognition received from	
school or community activities (here or on separate sheet of paper):	
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List the amount of all scholarships, grants, fellowships and other financial assistance which you have been awarded and do not have to be repaid (here or on another sheet of paper):	u
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<u>FAMILY INFORMATION</u> (All information must be completed)

Fathers name:		Date of Birth://
Disabled or Deceased (circle if ap		
Annual Income: \$ FO	P Member?	If yes, Retired or Active (circle one)
Employer Name and address:		
Mothers name: Disabled or Deceased (circle if ap		Date of Birth://
Annual Income: \$ FOI	P Member?	If yes, Retired or Active (circle one)
Employer Name and address:		
All other family income: \$		
Are your parents divorced or separated?		<u> </u>
Do you have siblings? If yes, plea	se list ages:	
Parent's FOP Lodge Name and Number:		
Parents FOP District Number:		
How many members of your family are	currently attendi	ng a college or university?

In 200 words or less, briefly explain why you de	sire a college education:
Signature of Applicant:	Date: