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 sophomore through the first semester of the senior year 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 MAY 1ST

Adopted by the FOPA State Board: 01/10/1990
Revised: 03/1991
Revised by Scholarship Committee: 06/2002
Revision dates:
06/2004
06/2007
10/2016
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: ___/_____/______        Primary phone: (____) ______________________

Name of High School: ______________________________________________

Current GPA: ______________       Class Rank: ______________________

Are you currently employed? _______        If yes, please list Employer: ______________

________________________________________________________________________

Explain briefly the kind of college training you wish:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you made application to an accredited college or university? _________

Have you been accepted? __________________

What accredited college or university do you plan to attend?
________________________________________________________________________

List school and community activities which 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):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
FAMILY INFORMATION  
(All information must be completed)

Fathers name: ______________________________ Date of Birth: ___/___/_____  
Disabled or Deceased (circle if applicable)

Annual Income: $_______________  FOP Member? ______  If yes, Retired or Active (circle one)

Employer Name and address:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Mothers name: ______________________________ Date of Birth: ___/___/_____  
Disabled or Deceased (circle if applicable)

Annual Income: $_______________  FOP Member? ______  If yes, Retired or Active (circle one)

Employer Name and address:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

All other family income: $____________________

Are your parents divorced or separated? _______________

Do you have siblings? _____  If yes, please list ages:
____________________________________________________________________________

Parent’s FOP Lodge Name and Number:
____________________________________________________________________________

Parents FOP District Number: _______

How many members of your family are currently attending a college or university? _____
In 200 words or less, briefly explain why you desire a college education:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature of Applicant: ________________________________ Date: ________________