

**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.
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](mailto: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**

**Fraternal Order of Police Associates of Ohio, Inc.**  
**Official Application for Scholarship Assistance**  
(All items must be completed)

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Home address: \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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:

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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:

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All other family income: \$ \_\_\_\_\_

Are your parents divorced or separated? \_\_\_\_\_

Do you have siblings? \_\_\_\_\_ If yes, please list ages:

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Parent's FOP Lodge Name and Number:

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Parents FOP District Number: \_\_\_\_\_

How many members of your family are currently attending a college or university? \_\_\_\_\_

