



***SCHOLARSHIP ASSISTANCE***



***OFFICIAL APPLICATION FORM***

FORM NO. 2007

## GUIDELINES FOR SCHOLARSHIPS

### FRATERNAL ORDER OF POLICE ASSOCIATES OF OHIO INCORPORATED

1. Total amount of Scholarship will be \$4,000.00 payable over a four-year period. \$500.00 paid in August and December of each year to the recipient with proof of enrollment from an accredited college or university. A one-time award of \$500.00 will be given to the first runner-up.
2. Scholarships will be awarded to graduating High School Seniors. A parent, or legal guardian, must be a member in good standing of the Fraternal Order of Police of Ohio. Proof of Guardianship must accompany the application.
3. Scholarships will be awarded on the basis of scholastic merit, economic need, and goals in life.
4. **Transcripts of grades for the sophomore year through the first semester of the senior year** must be submitted at the time of application, along with three (3) letters of endorsement.
5. A Committee composed of members appointed by the President of the Fraternal Order of Police and the President of the Fraternal Order of Police Associates will meet prior to the conference for final selection.
6. **The Fraternal Order of Police and Fraternal Order of Police Associates District Trustees shall assist in gathering the scholarship applications and mail them to the State Secretary of the Fraternal Order of Police Associates. Applications must be post marked no later than May 1<sup>st</sup> of the year of application.**
7. It will be the duty of the Fraternal Order of Police Associate Trustee in the District where the scholar recipient lives, to invite the recipient and parents to the banquet at the annual conference in July and make all arrangements for their lodging.
8. The scholarship recipient must pledge that it be their intention to complete college, to maintain at least a 2.50 grade point average, and to send copies of their grades to the Fraternal Order of Police Associates State Secretary at least once a year.
9. If the student cannot fulfill the scholarship requirements, the scholarship will be terminated upon recommendation of the Scholarship Committee to the State Secretary.
10. Students are to use this official Scholarship Application form when applying for assistance (photocopies are acceptable). **NO OTHER APPLICATION FORM WILL BE ACCEPTED. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
11. A recent photograph of the student applying for assistance should be included with this application. The student's name and address should be on the back of the photo for identification.

Applications can be sent to:  
FOPA Scholarship Committee  
222 E Town St  
Columbus, OH 43215

Adopted by the FOPA State Board 1/10/1990  
Revised 3/09/1991  
Revised by Scholarship Committee 6/01/2002  
6/05/2004  
6/02/2007

**FRATERNAL ORDER OF POLICE ASSOCIATES OF OHIO, INC.  
OFFICIAL APPLICATION FOR SCHOLARSHIP ASSISTANCE  
(ALL ITEMS MUST BE COMPLETED)**

1. Name: \_\_\_\_\_  
  first  middle  last

2. Home Address: \_\_\_\_\_  
\_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Are you currently employed? \_\_\_\_\_ If so, list employer: \_\_\_\_\_

5. Name of High School: \_\_\_\_\_

    Current Grade Point Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_

6. Explain briefly the kind of college training you wish.  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you made application to an accredited college or university? \_\_\_\_\_

    Have you been accepted? \_\_\_\_\_

8. What accredited college or university do you plan to attend? \_\_\_\_\_

9. List school and community activities in which you have participated: \_\_\_\_\_  
\_\_\_\_\_

10. List any office or position, which you have held, and any special recognition received from school or community activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List the amount of all scholarships, grants, fellowships and other financial assistance which you have been awarded and do not have to be repaid.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**  
**(ALL ITEMS MUST BE COMPLETED)**

1. Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled  Deceased

Annual Income \$ \_\_\_\_\_ FOP  Active  Retired

Employer's Name & Address: \_\_\_\_\_

2. Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disabled  Deceased

Annual Income \$ \_\_\_\_\_ FOP  Active  Retired

Employer's Name & Address: \_\_\_\_\_

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

4. Are your parents divorced, separated or deceased? \_\_\_\_\_

5. List the ages of your siblings: \_\_\_\_\_

6. **Parent's F.O.P. Lodge Name & Number:** \_\_\_\_\_

7. **Parent's F.O.P. District Number:** \_\_\_\_\_

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

9. In 200 words or less, briefly explain why you desire a college education:

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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_