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 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:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Adopted by the FOPA State Board: 01/10/1990
Revised: 03/1991
Revised by Scholarship Committee: 06/2002
06/2004
06/2007
10/2016
01/2019
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):

________________________________________________________________________

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________________________________________________________________________
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:

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Signature of Applicant:__________________________________________ Date: _______