

# Fraternal Order of Police Associates of Ohio, Inc.



## Scholarship Application Guidelines

1. Applicant must be a graduating high school senior.
2. Applicant's parent, step 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 the time of their death.
3. Scholarships will be awarded on the basis of economic need, scholastic performance, leadership qualities, and goals in life.
4. Students are to use this official scholarship application form, completed in its entirety, when applying for this scholarship. **No other application forms or incomplete applications will be accepted for consideration.**
5. Transcripts of grades for the **sophomore through the first semester of their senior year** MUST accompany this completed application, along with three (3) letters of endorsement. Only one letter from a former teacher, counselor or school administrator will be accepted. **Failure to submit one or more of these items will result in an incomplete application and will be ineligible for consideration.**
6. A committee comprised of members of the Fraternal Order of Police and the Fraternal order of Police Associates will review the applications and select the scholarship recipients.
7. Each applicant will receive a letter informing them of the final outcome of the selection process from the scholarship committee chairman.
8. Total amount of scholarship will be \$4000.00 payable over a four year period. \$500.00 to be paid in August and December of each year **with proof of enrollment in an accredited college or university and proof of minimum grade point average.**
9. The recipient must maintain at least a 2.5 grade point average and must forward to the State Secretary-Treasurer of the Fraternal Order of Police Associates transcripts of grades and enrollment status for each academic year of the scholarship on or before August 1st, to remain eligible.
10. If a student cannot fulfill the scholarship requirements, the scholarship will be terminated upon the recommendation of the Fraternal Order of Police Associates State Secretary-Treasurer and the State Scholarship Committee.

Email applications to: [dyoung@fopohio.org](mailto:dyoung@fopohio.org) Or mail to:

FOPA Scholarship Committee, 222 E Town Street, Columbus, Ohio, 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 06/2004 06/2007 10/2016 01/2019 12/2022



**Fraternal Order of Police Associates of Ohio, Inc.**

**Official Application for Scholarship Assistance**

(All Items must be completed)



**List any office or position which you have held and any special recognition or awards received from scholastic or community activities** (may attach separate page if necessary)

---

---

---

---

---

---

---

---

---

---

**List the amount of all scholarships, grants, fellowships, and other financial assistance which you have been rewarded and does not need to be repaid** (may attach separate page if necessary)

---

---

---

---

---

---

---

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 12/2022

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



**Family Information**

(please list parent, step parent, or legal guardian that is an FOP member first)

**Parent's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Disabled or Deceased (please circle if applicable)

**Annual Income:** \_\_\_\_\_ **FOP member?** \_\_\_\_\_ **Active or Retired**  
(if FOP member circle one)

**Employer Name and Address:** \_\_\_\_\_  
\_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Disabled or Deceased (please circle if applicable)

**Annual Income:** \_\_\_\_\_ **FOP member?** \_\_\_\_\_ **Active or Retired**  
(if FOP member circle one)

**Employer Name and Address:** \_\_\_\_\_  
\_\_\_\_\_

**Amount of all other family income:** \_\_\_\_\_

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

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

**Parent's FOP Lodge Name & Number:** \_\_\_\_\_

**Parent's FOP Lodge City or Township:** \_\_\_\_\_

**Parent's FOP Lodge District Number:** \_\_\_\_\_

**Fraternal Order of Police Associates of Ohio, Inc.**

**Official Application for Scholarship Assistance**

(All Items must be completed)



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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**