

Family Fund For Paralyzed & Disabled Officers
EDUCATIONAL SCHOLARSHIP APPLICATION
A Support program of the National Association of Chiefs of Police



Kindly complete and return to:

Chairman
NACOP Scholarship Fund
6350 Horizon Dr.
Titusville, FL 32780

ELIGIBILITY:

Effective August 1, 2001, grants of \$500.00 per year will be made from funds set aside for the exclusive use of any son or daughter of a law enforcement officer paralyzed or severely disabled in the line of duty as classified and documented on this form. How many grants will be determined by available funds. The student may use these funds toward his or her fees for school, books or fees related to education at the college or university level. Schools may be public or private colleges, or vocational courses. If we have more applications than funds, the applications will be kept numbered and the \$500.00 grant will be issued (until funds are depleted) to as many applicants year by year as possible. To be fair the grant may not be repeated each year unless we do have such funds. If funding is available the maximum grant will be \$2,000.00 to be paid in annual increments of \$500.00. Applicants must reapply each year.

APPLICANT ELIGIBILITY CLASSIFICATION Restricted to son/daughter of an officer disabled in the line of duty.

<p>Documentation Requested:</p> <p>Attach name of officer disabled in the line of duty, date of incident, department and state.</p> <p>- And -</p> <p>Attach a copy of current college transcript, letter of acceptance or college identification.</p> <p>- And -</p> <p>Paralyzed/disabled officer complete and notarize the affidavit on the reverse side of this form.</p>

Type or Print Only

Applicants Name _____ Date of Birth _____

Mailing Address _____ Apt. # _____

City _____ State _____ Zip _____

Phone () _____ Needs \$ _____ to assist this year.

Attending what college/university? _____

If the grant is made, what will it be used for? Entrance fees Books General Expenses as a student.

After graduation and success in the future, would you consider paying back the grant without interest at some time in your life so that other children of disabled officers might be helped? Yes No (*This is not a requirement but sort of an alumni future support group*).

Do you agree that we may, if the grant is given, present the check and publish this fact so that donors know that we are, in fact, giving out these funds?
 Yes No

What is your grade point average? _____ Years attended in college to date: _____

Any comments and suggestions? _____

Date _____ Signature _____

Name of Paralyzed/Disabled Officer _____

Relationship to Applicant _____

Department/Agency _____ Date of Disability _____

City _____ State _____ Zip _____

**COMPLETE AFFIDAVIT
ON REVERSE SIDE**

AFFIDAVIT OF DISABLED SWORN LAW ENFORCEMENT OFFICER

BY MY SIGNATURE BELOW I AFFIRM THAT I SUFFER FROM A SEVERE DISABILITY AS A RESULT OF A LINE-OF-DUTY INCIDENT WHILE WORKING AS A SWORN PEACE OFFICER. I AFFIRM THAT AT THE PRESENT TIME I AM _____% (*MUST BE 50% OR MORE TO QUALIFY FOR THIS PROGRAM*) DISABLED AND THAT DOCUMENTATION IS FILE TO VERIFY THESE FACTS.

Signature of Disabled Officer _____ Date _____

Printed Name of Disabled Officer _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-mail (if applicable) _____

STATEMENT OF NOTARY

Before me personally appeared _____

who executed this affidavit in my presence on _____ day of _____, 20 _____

Notary Public
State of _____

My Commission Expires _____

SEAL