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Disabled Police Officers Fund EDUCATIONAL SCHOLARSHIP APPLICATION

*A support program of the
National Association of Chiefs of Police*

Send completed application and documentation to:

Scholarship Fund

National Association of Chiefs of Police

6350 Horizon Dr

Titusville, FL 32780

For more information, you may contact us at (321)264-0911, kimc@aphf.org or visit www.aphf.org.

ELIGIBILITY & DOCUMENTATION REQUIRED:

- Applicant must be a permanently disabled officer enrolled in the Disabled Police Officers Fund or the son or daughter of that officer.
- Applicant must be enrolled in a minimum of 6 credit hours.
- Applicant must maintain a 2.0 GPA.
- Applicants currently enrolled in college must submit a copy of their most recent school transcript.
- New college students must submit a high school transcript, ACT/SAT scores, and a copy of the acceptance letter from the institution he/she plans on attending.

It is the intent of this program to assist disabled officers or their sons and daughters in pursuing a higher education. Scholarships of \$500.00 per year for up to four years will be granted to qualified applicants. Maximum total grant is \$2000.00 per applicant. The number of grants issued is subject to the availability of funds. The scholarship funds may be used towards tuition, books, housing, or fees directly associated with educational expenses. Applicant **MUST** re-apply each year and understands the review and approval of applications may take 30 – 60 days from receipt of proper documentation.

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Type or Print Only

Applicant's Name _____ Date of Birth _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____ Phone () _____

Email _____

School Name _____ City/State _____

Course of study _____ GPA _____

Freshman Sophomore Junior Senior VoTech

After graduation and a successful financial future, would you be willing to repay the scholarship to ensure other children of officers disabled in the line of duty will be given the same opportunity? (This is not a requirement) Yes No

Name of Disabled Officer _____ Relationship to Applicant _____

Department/Agency _____ City/State _____ Date of Disability _____

Please share your academic and professional goals. _____

Please share any academic honors, awards and school involved activities. _____

Please share your outside interests and service activities. _____

I have read and understand all information on the application and affirm that all information submitted is true and accurate to the best of my knowledge. I also agree that the National Association of Chiefs of Police (NACOP) has my permission to use my photo and information regarding my scholarship to promote the scholarship program in their mail and on-line campaigns.

Signature _____ Date _____