

# Application for Camp Scholarship Grant

American Federation of Police & Concerned Citizens • Family Survivors Fund  
6350 Horizon Dr. • Titusville, FL 32780 • 321-264-0911  
www.aphf.org



Yes, I am interested in receiving a camp scholarship grant from the American Federation of Police & Concerned Citizens, not to exceed \$100 per week, per son or daughter (two week maximum) and verify that the information furnished on this form is true and correct to the best of my knowledge.

Name of child 1 \_\_\_\_\_ age \_\_\_\_\_

Name of child 2 \_\_\_\_\_ age \_\_\_\_\_

Name of child 3 \_\_\_\_\_ age \_\_\_\_\_

Surviving son or daughter of officer \_\_\_\_\_

Of the \_\_\_\_\_ Police Department

Your Name-*surviving family member* \_\_\_\_\_

PLEASE PRINT

Relationship \_\_\_\_\_

Address \_\_\_\_\_ Day Phone #( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

*Please give the name and address of the camp of your choice as the **check will be made out directly to the camp.***

Camp Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date(s) of camp session to be attended \_\_\_\_\_

It is our intention that the camp scholarship grants be provided to sons and daughters of officers killed in the line of duty on a first come, first serve basis and given throughout the summer as long as funding continues to be available.

We would suggest that when your child returns from camp that a thank you letter and perhaps a photo be sent to our office so that we can properly thank our donors and also share your child's experience with other families through our newsletter.

