

Chesterfield Fraternal Order of Police Auxiliary #47

\$500.00 Scholastic Scholarship Application Guidelines

1. To qualify, applicants **must be a dependent of a member in good standing** of the Chesterfield Fraternal Order of Police #47. A person may win this scholarship only once.
2. **Proof of Academic enrollment with a 3.0 GPA or higher** must be provided by a school counselor (high school senior) or academic advisor from an accredited college, university, graduate school or trade school.
3. *Scholarship monies will be refunded to the Chesterfield FOP Auxiliary #47 should applicant fail to complete semester.*
4. **Applicants who are not recipients of the scholarship are encouraged to reapply.**
5. **Completed application must be submitted by or postmarked no later than May 1st.**

INSTRUCTIONS:

Type or print clearly and attach the following to the **completed application**

CHECKLIST

- 1.) Completed application.
- 2.) One personal reference from a non-family member.
- 3.) Advisor/Guidance form stating current GPA.
- 4.) Include a biographical statement which may include but is not limited to your goals for the future, educational background, extra curricular activities, work, church and other pertinent information about yourself. (type written in essay form not to exceed 1000 words.) Please tell us about who you are and what you wish to accomplish.

Applicant is responsible for submitting a completed application. All incomplete applications will not be reviewed or considered.

Return application with attachments on or postmarked before **May 1st** to:

**Mrs. Gale B. Stiles
9771 Swansea Rd.
North Chesterfield, VA 23236**

DEADLINE FOR APPLICATION IS May 1ST.

**APPLICATION FOR CHESTERFIELD FRATERNAL ORDER OF POLICE
AUXILIARY #47 SCHOLARSHIP**

NAME: _____

HOME PHONE: _____ CELL PHONE: _____

NAME OF PARENT IN THE FOP: _____

LAW ENFORCEMENT DEPARTMENT: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ CURRENTLY EMPLOYED: ___ YES ___ NO

PLACE OF EMPLOYMENT: _____

CURRENT SCHOOL: _____ GPA OR QCA: _____

**EDUCTIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED OR PLACE
OF CURRENT ENROLLMENT**

NAME: _____

ADDRESS: _____

EXTRA CURRICULAR ACTIVITIES: _____

COURSE OF STUDY or DEGREE SOUGHT: _____

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/ GUARDIAN

DATE

Chesterfield Fraternal Order of Police Auxiliary #47
SCHOLARSHIP

ADVISOR / GUIDANCE FORM

TO BE COMPLETED BY ADVISOR / COUNSELOR

APPLICANT NAME: _____

Freshman: _____ Sophomore: _____ Junior: _____ Senior: _____ Graduate: _____

Name of Institution: _____

Address: _____

Anticipated Graduation Date: _____

DOES APPLICANT HAVE AT LEAST A 3.0 GPA FOR CURRENT YEAR? _____

COMMENTS OR ADDITIONAL INFORMATION YOU WISH TO SHARE:

NAME-PLEASE PRINT DATE

SIGNATURE TITLE

PHONE NUMBER EMAIL ADDRESS

This form must be attached to the application.