

CONCERNS OF POLICE SURVIVORS SCHOLARSHIP APPLICATION

Fall 2012 Semester

Application MUST BE postmarked by March 31, 2012, for consideration. Maximum award per semester is \$1,500.

THE C.O.P.S. SCHOLARSHIP FUND WILL ASSIST SURVIVING CHILDREN AND SPOUSES OF OFFICERS WHOSE DEATHS ARE CONSIDERED "IN THE LINE-OF-DUTY" BY THE FBI AND THE PSOB WHO DO NOT HAVE TUITION-FREE EDUCATION AS A DEATH BENEFIT. ASSISTANCE MAY BE AVAILABLE FOR TUITION, BOOKS, AND FEES FOR UNDERGRADUATE CLASSES, VOCATIONAL AND CAREER TRAINING UP TO \$1,500 PER SEMESTER, \$12,000 LIFETIME.

Please type or print all information. Provide all attachments as indicated. Incomplete applications will be rejected.

Applicant's Name \_\_\_\_\_
Last First M.Initial

CHECK ONE:
Surviving Spouse [ ]
Surviving Child [ ]
If child, state age \_\_\_\_\_

Postal Address \_\_\_\_\_ Email \_\_\_\_\_

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

Home Phone (area code) \_\_\_\_\_ Daytime Phone (area code) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Deceased Officer's Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Department \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of College/Technical School \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone (area code) \_\_\_\_\_

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

Course of study (ie. 4- or 2-year degree (major), vocational certificate/license, other-explain) \_\_\_\_\_

\_\_\_\_\_ Estimated time to completion \_\_\_\_\_

Hours Enrolled Fall Semester \_\_\_\_ If less than 12, explain reason(s) for part-time status: \_\_\_\_\_

TO CONCERNS OF POLICE SURVIVORS:

Tuition-free education is not available for me as a death benefit.

I understand that any scholarship awarded will be paid directly to the institution of higher learning on behalf of the scholarship recipient and may be expended only for tuition, required texts, and associated fees (not room and board charges) for UNDERGRADUATE coursework. Any unused amount will be returned to COPS.

I agree to complete the planned course of study for the term for which this scholarship is awarded.

I understand COPS scholarship awards are subject to the availability of funds; that the COPS Scholarship Committee has sole discretion in determining the allocation of available funds; that the receipt of a scholarship award does not guarantee any future awards; and that, providing funds remain available, I am limited to receiving a maximum lifetime award total of \$12,000.

My spouse or parent served as a law enforcement officer and his/her death meets the Government criteria for line-of-duty.

All information contained in this application and attachments is true and accurate to the best of my knowledge. I understand that COPS may verify any and all information for the Scholarship Committee and any misrepresentations will result in an immediate rejection of this application. Incomplete applications will not be considered.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Applicant (Required)

IMPORTANT: REVERSE SIDE MUST ALSO BE COMPLETED

The C.O.P.S. Scholarship Committee, comprised of persons drawn from the outside community and knowledgeable about education and the law enforcement profession, will award grants to eligible applicants on a uniform, non-discriminatory basis, considering academic performance, performance on various tests measuring aptitude for college-level work (if appropriate), community service, desire for academic success, and financial need. Incomplete applications will not be considered. **INCLUDE ALL REQUESTED ATTACHMENTS!**

Please provide all the following information:

\$ \_\_\_\_\_ **Monthly** household net income from all sources (after taxes). \_\_\_\_\_ Number of persons in household  
 \$ \_\_\_\_\_ **Monthly** household expenses (including rent/mortgage, insurance, clothing, food, health care, education, etc. \_\_\_\_\_ Number (including yourself) attending college this semester.

**Fall semester's** estimated costs  
**(DO NOT GIVE YEARLY COSTS):**  
 Tuition \$ \_\_\_\_\_ this semester  
 Books \$ \_\_\_\_\_ this semester  
 Room/Bd \$ \_\_\_\_\_ this semester  
 Fees \$ \_\_\_\_\_ this semester  
 Explain: \_\_\_\_\_  
 Total \$ \_\_\_\_\_ this semester

List **ALL** sources and amounts of other financial aid you will receive for **the Fall semester** (PSOEA award, grants, Pell Grant, Police Corps, 100 Club, Heroes, Backstoppers, etc. **Do not include loans.**

Source	Amount
_____	\$ _____ this semester
_____	\$ _____ this semester
_____	\$ _____ this semester
_____	\$ _____ this semester

Attach the following in the order indicated. Lack of attachments will constitute an **INCOMPLETE** application.

1. Documentation of scholastic achievement:

New college students should attach ACT/SAT scores, and a high school transcript. Students with college hours should attach the **most currently available** college transcript. For vocational and/or career training, attach a resume and a statement expressing how the course(s) will affect your life.

**Previous recipients of a C.O.P.S. scholarship** who are currently enrolled in a college, university, or vo-tech school **MUST** include the **most current** grade report or mid-term report. If such a report is unavailable, you need to attach statements **on school letterhead** from at least 3 instructors of classes you are currently enrolled in, describing your academic performance level and providing a telephone number for the instructor.

2. Listing of participation in any school or community organizations, clubs, activities (years of involvement, offices held, any honors or awards). **Previous recipients of a C.O.P.S. scholarship** must submit an updated listing.

3. A letter of 100 words or less to the C.O.P.S. Scholarship Committee including why you want to be a recipient of a C.O.P.S. scholarship, your proposed occupation or profession, and any other abilities you have that were not previously mentioned. **Previous recipients** need to attach a letter bringing the committee up-to-date on the applicant's progress toward reaching his/her goal.

We would like to have a current picture for publication in the C.O.P.S. newsletter, should you be awarded a scholarship, but it is not required. Mail completed application and all attachments to: **C.O.P.S., Attn: Scholarships, PO Box 3199, Camdenton, MO 65020**

Unless marked below, C.O.P.S. has permission to publish information about my scholarship award.  
 \_\_\_\_\_ I request that Concerns of Police Survivors **NOT** publish my name as a scholarship recipient.

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_