



Application for Scholarship

Peace Officers Memorial Foundation

APPLICANT INFORMATION

Name: _____

(Last)

(First)

(MI)

Address: _____ Telephone: () _____

City, State, Zip: _____

County of Residence: _____

Email Address: _____

Name of High School Attended: _____ Grade Point Average: _____

Address of High School: _____ Rank in Class: _____

College you plan to attend: _____ Major: _____

PEACE OFFICER/GUARDIAN/PARENT INFORMATION

Peace Officers Name: _____

Officers's Department: _____

Relationship to Applicant: _____

Parent/Guardian Name: _____

Address: _____ City, State, Zip: _____

APPLICATION CERTIFICATION

The information provided in this application is, to the best of my knowledge, complete and correct in its entirety. I understand this information will be reviewed and may be verified if necessary. In applying for this scholarship I also grant permission to publish this information if I am selected for a scholarship award.

Applicant Signature _____ Date _____

Mail completed form and required documentation to:

Peace Officers Memorial Foundation, Scholarship Committee, 400 W. 14th Street #200, Austin, TX 78701

All scholarships are contingent upon the qualifications of applicants and the availability of funds.