



ARIZONA STATE ASSOCIATES
FRATERNAL ORDER OF POLICE
SCHOLARSHIP
APPLICATION
2020



The Arizona State Lodge Fraternal Order of Police Associates is a nonprofit fraternal organization. The Associates are comprised of civilian members of law enforcement agencies and citizens of the community who are dedicated to the men and women of the Fraternal Order of Police who protect us day in and day out. The Arizona State Associate Lodge offers a scholarship of \$1,000 for dependents or grandchildren of Fraternal Order of Police, Auxiliary, and Associate members.

Listed below are the Requirements and Application Process:

I. Requirements

1. The applicant **must** be a dependent or grandchild of an Arizona Fraternal Order of Police, Auxiliary, or Associate member in good standing.
2. The applicant must maintain a 2.5 or above grade point average.
3. The applicant must not have failed any classes.
4. The applicant must submit a minimum 500 word essay containing information on ambitions and goals.
5. The applicant must be a full time student with a minimum class load of twelve (12) hours (which includes someone returning to school full time).
6. An applicant who has already been awarded a scholarship from the Arizona State Fraternal Order of Police Associates may not receive a second scholarship.

II. Application Process

1. The applicant must complete the Application Packet for the scholarship which includes:
 - a. The application forms
 - b. Three (3) personal reference letters that reflect the applicant's potential for success. These may be from:
 - i. A teacher
 - ii. A business professional
 - iii. A close personal friend or professional relative
2. The applicant should provide a copy of the past semester transcript or a copy of the current enrollment class schedule.
3. Applications may be submitted by mail to:

Arizona State F.O.P. Associates
Attn: Scholarship Committee Chair
c/o FOP Lodge 32
P. O. Box 1310
Phoenix, Arizona 85001-1310

4. Applications may also be submitted in person to any State Associate Board Member, at a regular meeting, or by email to fopaazscholarships@gmail.com.
5. If you are awarded the Scholarship, we may request a picture for our website.

IMPORTANT:

***Applications must be received by
the
Scholarship Committee Chair
no later than***

March 29, 2020

SCHOLARSHIP APPLICATION FORM

(Please type or print clearly)

NAME: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone: (_____) _____ Birth Date: _____

Qualifying Member: _____ Phone: (_____) _____

What Lodge # is your qualifying member from? _____ [] FOP [] Auxiliary [] Associate

Member's Relationship to Applicant: _____

Academic Information:

Name of High School

If currently enrolled in a higher education facility, name of University, College or Vocational School

How many semesters have you attended this school? _____ Grade Point Average: _____

High School Class Rank: _____ of _____

If applicant is a high school senior, please list your exam scores: ACT _____ SAT _____

Please list and describe any academic honors and awards you have received:

Activities and Leadership:

List any school and community activities involved in:

What offices and leadership positions have you held?

List and describe honors and awards you have received:

What are your goals?

Planned college major or vocational training: _____

What occupational field do you plan to enter? _____

What University, College or Vocational School do you plan to or currently attend?

What are your anticipated expenses for: Tuition _____ Books _____ Other _____

Financial Information:

Why are you applying for this scholarship?

Have you applied for other scholarships? [] Yes [] No

Have you received other scholarship funds? [] Yes [] No

How are you funding your college education?

Do you currently work? [] Yes [] No [] Full Time [] Part Time Hours per week? _____

Where? _____ Position? _____

About Your Family:

Do you have brothers/sisters? [] Yes [] No Number _____

Are any of them currently attending college? [] Yes [] No

Is your family able to assist you with college expenses? [] Yes [] No

Recommendations:

List the name, address and phone number of at least three people that personally know you, that we might contact on your behalf. Please do not include immediate family members.

Name Address Phone _____

Name Address Phone _____

Name Address Phone _____

Is there any additional information you wish to add for consideration?

Signature _____ Date _____

***** Do Not Write Below This Line *****

=====
Application Received On: _____

Application Voted On: _____

Application Status: [] **Granted** [] **Denied**

Amount of Scholarship: \$ _____

Check # _____ **Voucher #** _____

Committee Chair Signature

State Associate President Signature