

**Campbell County  
Fraternal Order of Police Associate Lodge #10  
SCHOLARSHIP APPLICATION**

***INSTRUCTIONS:***

Please complete this form and return to the counseling office no later than **May 3, 2019 by 11:30p.** To be considered you must submit **all required information** by this date. Incomplete applications will be disqualified.

***BIOGRAPHICAL INFORMATION***

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name of Law Enforcement Parent/guardian/sponsor:

\_\_\_\_\_

Telephone: \_\_\_\_\_

***EDUCATIONAL BACKGROUND***

High School:

\_\_\_\_\_

High School Graduation Date:

\_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Rank: \_\_\_\_\_ SAT/ACT Scores: \_\_\_\_\_

College you plan to attend:

\_\_\_\_\_

Have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

Major Field of Study:

\_\_\_\_\_

**HIGH SCHOOL CURRICULAR ACTIVITIES/AWARDS/ HONORS:**

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**PLEASE LIST OTHER SCHOLARSHIPS YOU HAVE RECEIVED AND THE AMOUNTS:**

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**EXTRACURRICULAR AND COMMUNITY INVOLVEMENT:**

*(Include community organizations or projects, activities or events that you have been an **active participant**. Include leadership positions that you hold or have held).*

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**PROVIDE A STATEMENT NOT EXCEEDING ONE PAGE EXPLAINING WHY YOU SHOULD RECEIVE THIS SCHOLARSHIP: (You may attach an additional page to the completed application)**

*(You may include plans for continuing your education, academic and career goals, personal circumstances, etc.)*

**LETTER OF RECOMMENDATION:**

*(Please submit one letter of recommendation from a teacher, counselor, or community leader with your application. The letter of recommendation should come from an individual who is personally acquainted with your character, potential, motivation, academic performance and is willing to provide you with a strong recommendation.)*

**ADDITIONAL INFORMATION:**

Please feel free to provide any additional information that will help us to in our decision making or the importance of this scholarship in helping you toward reaching your educational goals.

**REFERENCES:**

**Please list at least two References: (You may include teachers, counselors, clergy, organization leaders etc.)**

1. Name: \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone \_\_\_\_\_

**TRANSCRIPT:**

Applicants are *required* to include an official copy of their high school transcript.

**COUNSELOR CERTIFICATION:**

I \_\_\_\_\_ certify that the GPR, Rank, and SAT/ACT scores are accurate as listed in the application or the official transcript.

Counselor

Name \_\_\_\_\_  
(Print) Signature

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please turn in the completed application along with other required materials and information to:

Brenda Poynter  
FOPA #10 Secretary  
P.O. Box 133  
Alexandria, KY 41001  
OR  
Email to [kyfopa10@gmail.com](mailto:kyfopa10@gmail.com)

Additional questions can be directed to Brenda Poynter (859) 380-6941

**APPLICATIONS RECEIVED AFTER MAY 3, 2019 WILL NOT BE ACCEPTED**