

Protecting PA
SCHOLARSHIP APPLICATION

APPLICANT'S NAME _____ GENDER _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE _____

EMAIL ADDRESS _____

PARENT/GUARDIAN NAMES _____

HIGH SCHOOL ATTENDING _____

GRADUATION YEAR _____

PROGRAM OF STUDY (HIGH SCHOOL) _____

GRADE POINT AVERAGE _____ CLASS RANK _____

COLLEGE/UNIVERSITY ATTENDING:

NAME OF INSTITUTION _____

PROGRAM OF STUDY (COLLEGE/UNIVERSITY) _____

EXPECTED DATE THAT CLASSES BEGIN _____

Prerequisites: An applicant must be a resident of Pennsylvania and the applicant must be pursuing a career in law enforcement.

I certify that this application is true and correct and that I meet the Prerequisites for this Scholarship.

Date: _____ Signature of Applicant: _____

