



CONCERNS OF POLICE SURVIVORS, MARYLAND CHAPTER
SCHOLARSHIP APPLICATION

SEMESTER (check one): SPRING FALL YEAR 20 ____

Application MUST BE postmarked by December 30th for SPRING semester and by July 1st for FALL semester for consideration. Maximum award per semester is \$2,000.

THE COPS SCHOLARSHIP FUND WILL ASSIST SURVIVING CHILDREN UNDER THE AGE OF 30, AND SPOUSES OF MD CRITERION OFFICERS WHOSE DEATHS WERE CONSIDERED "IN THE LINE OF DUTY" BY THE FBI AND PSOB.

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

Applicant's Name _____
Last First M.I.

CHECK ONE: Surviving Spouse Surviving Child, if child, state age: _____

Mailing Address _____

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 Institute _____

Mailing Address _____ Phone (area code) _____

City _____ State _____ Zip _____

Student I.D. Number or S.S.N. _____

Course of study (i.e. 2 or 4 year degree (major), vocational certificate/license, other-explain: _____

_____ Estimated time of completion _____

Hours enrolled this semester _____ If less than 12, explain reason(s) for part time status: _____

Initials: _____

TO CONCERNS OF POLICE SURVIVORS MD CHAPTER:

I understand that any scholarship awarded may only be used for tuition, required texts, associated fees, room, board and living expenses. Student will maintain satisfactory grades during the course of the scholarship period. Should satisfactory grades not be maintained, this could jeopardize the scholarship award for the next semester in which the candidate is applying for a scholarship. Any unused amount will be returned to COPS MD Chapter. I understand that I am responsible for providing the name and address of the institution I am interested in.

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

I understand COPS MD Chapter scholarship awards are subject to the availability of the funds; that the COPS MD Chapter Scholarship Committee has sole discretion in determining the allocation of available funds; that the recipient 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 \$16,000.00.

I understand that first priority is given to surviving children.

My spouse or parent served as a law enforcement officer and his/her death meets the Government's 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 MD Chapter may verify any and all information for the Scholarship Committee and any misrepresentation will result in an immediate rejection of this application. Incomplete or late applications may not be considered.

Date

Signature of Applicant (Required)

The COPS MD Chapter 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 or late applications may not be considered.

INCLUDE ALL REQUESTED ATTACHMENTS!!!

Attach the following. Lack of attachments will constitute an INCOMPLETE application.

1. Documentation of scholastic achievement:

New college students should attach ACT/SAT scores, high school transcript and acceptance letter from the college. Students with college hours should attach the most current college transcript. In the case of an adult wishing to return to school, a resume, high school transcript and any college grades(if appropriate), and a statement expressing the desire to return to school.
2. Documentation of tuition, text fees and/or living expenses.
3. Mail completed application form and ALL necessary forms to :

COPS Maryland Chapter
C/O Ms. Sue Nickerson
11588 Lynch Road
P.O. Box 125
Worton, MD 21678

Initials: _____