

**C.O.P.S. SCHOLARSHIP WINTER/SPRING SEMESTER APPLICATION** Application  
**MUST be postmarked by October 1, for consideration. Maximum Award per semester is \$1,500.**

The C.O.P.S. Scholarship Fund will assist surviving children and spouses of officers whose death are considered "in the line-of-duty" by the FBI and PSOB who do not have tuition-free education as a death benefit. Assistance may be available for tuition, books and fees for undergraduate classes, vocational and career training up to \$1,500 per semester, \$12,000 lifetime.

Applicant's Name \_\_\_\_\_  
Last First M Initial

Postal Address \_\_\_\_\_ Email \_\_\_\_\_

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

Home Phone (Area Code) \_\_\_\_\_ Cell Phone (Area Code) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Check One: Surviving Spouse \_\_\_\_\_ Surviving Child \_\_\_\_\_ If child, state age \_\_\_\_\_

Deceased Officer's Name \_\_\_\_\_ Date of Death \_\_\_\_\_

Department \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Name of College/Technical School \_\_\_\_\_

School Mailing Address \_\_\_\_\_ Phone (Area Code) \_\_\_\_\_

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

Course of Study (ie. 4 or 2 year degree (major), vocational certificate/license, other-explain) \_\_\_\_\_

\_\_\_\_\_ Estimated time to completion \_\_\_\_\_

Hours Enrolled in Winter/Spring Semester \_\_\_\_\_ If less than 12, explain reason(s) for part-time status:

Provide all the following information:

\$\_\_\_\_\_ Monthly household net income from all sources (after taxes). \_\_\_\_\_ # of persons in household

\$\_\_\_\_\_ Monthly household expenses (including rent/mortgage, insurance, clothing, food, health care, education)

\_\_\_\_\_ # (including yourself) attending college this semester

Winter/Spring semester's estimated costs (DO NOT GIVE YEARLY COSTS)

Tuition: \$\_\_\_\_\_ Books: \$\_\_\_\_\_ Room/Bd: \$\_\_\_\_\_ Fees (explain): \_\_\_\_\_

Total \$\_\_\_\_\_ this semester

List ALL sources and amounts of other financial aid you will receive for the Winter/Spring Semester (PSOEA, Pell Grant, Police Corps, 100 Club, Heroes, Backstoppers, etc. Do not include loans.

\_\_\_\_\_ \$ \_\_\_\_\_ this semester  
\_\_\_\_\_ \$ \_\_\_\_\_ this semester  
\_\_\_\_\_ \$ \_\_\_\_\_ this semester  
\_\_\_\_\_ \$ \_\_\_\_\_ this semester

Attach the following documents in the order indicated. **Lack of attachments will constitute an incomplete application.**

**New college students should attach:** ACT/SAT scores, high school transcript, list of participation in any school or community organizations, clubs (years of involvement, offices held, any honors or awards), a letter of 100 words or less to the C.O.P.S. Scholarship Committee including why you want to be a recipient of a C.O.P.S. scholarship, your proposed occupation, or profession, and any other abilities you have that were not previously mentioned and a picture to include in the C.O.P.S. newsletter (not required).

**Previous Recipients of a C.O.P.S. Scholarship should attach:** Most currently available college transcript with GPA (if no grade report is available you need to attach statements on school letterhead from at least 3 instructors of classes you are currently enrolled in, describing your academic performance level and providing a telephone number for the instructor), for vocational and/or career training, attach a resume and a statement expressing how the course(s) will affect your life, and a letter bringing the committee up-to-date on the your progress toward reaching your goal and a picture to include in the C.O.P.S. newsletter (not required).

MAIL COMPLETED APPLICATION AND ALL ATTACHMENTS TO: C.O.P.S. , ATTN: SCHOLARSHIPS, PO BOX 3199, CAMDENTON, MO 65020. MUST BE POSTMARKED ON OR BEFORE OCTOBER 1.

TO CONCERNS OF POLICE SURVIVORS: Tuition-free education is not available for me as a death benefit. I understand that any scholarship awarded will be paid directly to the institution of higher learning on behalf of the scholarship recipient and may be expended only for tuition, required texts, and associated fees (not room and board charges) for UNDERGRADUATE coursework. Any unused amount will be returned to C.O.P.S. I agree to complete the planned course of study for the term for which this scholarship is awarded. I understand C.O.P.S. scholarship awards are the subject to the availability of funds; that the C.O.P.S. scholarship committee has sole discretion in determining the allocation of available funds; that the receipt of a scholarship award does not guarantee any future awards; and that, provide funds remain available, I am limited to receiving a maximum lifetime award total of \$12,000. My spouse or parent served as a law enforcement officer and his/her death meets the Government 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 C.O.P.S. may verify any and all information for the Scholarship Committee and any misrepresentations will result in an immediate rejection of this application. Incomplete applications will not be considered. The C.O.P.S. 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

C.O.P.S. has permission to publish information about my scholarship award unless initialed below. By initialing below you would not like your scholarship award published in any C.O.P.S. materials.

\_\_\_\_\_  
Initials

\_\_\_\_\_  
Date