



New Hampshire Association of
CHIEFS of POLICE, INC.
www.nhchiefsofpolice.com

APPLICATION FOR SCHOLARSHIP

(* This application must be completed in its entirety and legibly or it will be rejected.)

BIOGRAPHICAL INFORMATION

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____
STREET TOWN STATE ZIP

SOCIAL SECURITY NO: _____ TELEPHONE # (____) _____

LEGAL ADDRESS (If different than above): _____

E-MAIL: _____

HIGH SCHOOL & TOWN ATTENDED: _____

INSTITUTION TO ATTEND: _____

ACADEMIC CONCENTRATION: _____

YEAR AND/OR SEMESTER TO ENTER: _____

TOTAL COST TO ATTEND (TUITION, BOOKS, LABS FEES, HOUSING., ETC): _____

OTHER SCHOLARSHIPS AND/OR AID TO BE RECEIVED: _____

AMOUNT OF FUNDING NEEDED: _____

FAMILY INFORMATION

MOTHER- () Married () Single () Remarried

NAME: _____ PHONE: _____

ADDRESS: _____

FATHER- () Married () Single () Remarried

NAME: _____ PHONE: _____

ADDRESS: _____

NUMBER OF DEPENDANTS IN THE FAMILY: Sisters _____ Brothers _____

NUMBERS OF OTHERS CURRENTLY ATTENDING COLLEGE: _____

FINANCIAL AID STATEMENT

If you are living with, and deriving support from any or all of the following-

**ADJUSTED GROSS INCOME AS LISTED ON LAST YEARS UNITED STATES
INCOME TAX RETURN**

1. Father's annual income- \$ _____ .00
2. Mother's annual income- \$ _____ .00
3. Applicant's annual income- \$ _____ .00
4. Spouse's (if applicable) annual income- \$ _____ .00
5. Other sources of funding available- \$ _____ .00
(Scholarships, grants, trusts, gifts, etc.)

TOTAL FUNDING FROM ALL SOURCES- \$ _____ .00

If applicable, who claimed the applicant as a dependant on last year's tax return?

() Mother () Father () Both, filing jointly () Self

PERSONAL REFERENCES

1. _____
NAME ADDRESS E-MAIL TEL. #

2. _____
NAME ADDRESS E-MAIL TEL. #

3. _____
NAME ADDRESS E-MAIL TEL. #

Are there any members of your family involved in law enforcement? () Yes () No

If yes, please complete the following (may attach additional pages if needed)

NAME: _____ RELATIONSHIP: _____

AGENCY EMPLOYED BY: _____ STATE: _____

RANK/POSITION: _____ FULL or PART-TIME: _____

CERTIFICATION

SIGNATURE of SPONSORING CHIEF of POLICE DATE

DEPARTMENT: _____ TEL#:: _____

