



New Hampshire Association of
CHIEFS of POLICE, INC.

www.nhchiefsofpolice.com

APPLICATION FOR SCHOLARSHIP

All applications must be received in the office by the 3:00pm on May 15, 2018

(This application must be completed in its entirety and typed)

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- *PLEASE use N/A to indicate any that are not applicable to your situation.*

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- (Scholarships, grants, trusts, gifts, etc.)	\$ _____	.00

TOTAL FUNDING FROM ALL SOURCES- \$ _____ .00

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

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

PERSONAL REFERENCES (Please include letters of recommendation)

DESIRED POST-SECONDARY DEGREE

CERTIFICATION

SIGNATURE of SPONSORING CHIEF of POLICE

DATE

DEPARTMENT: _____ TEL#:: _____

All information contained in this application is true and complete to the best of my
knowledge and belief.

SIGNATURE OF APPLICANT

DATE

Mail the completed application packet, ***Return Receipt or Delivery Confirmation (USPS)*** or by ***UPS or FedEx*** to:

NHACoP- Scholarship
1 Municipal Dr.
Derry, NH. 03038

Questions may be directed to Chief Glen Drolet, Chairman- Scholarship Committee of the New Hampshire Association of Chiefs of Police at (603) 924-9011.

STATEMENT OF NEED (required): Please attach a statement that explains any special circumstance that may exist affecting your income and need (i.e. alimony, child support, other tuitions, outstanding debts, etc.).

COMMUNITY/ LEADERSHIP SERVICE

Please attach a statement that identifies with detail any community or leadership service you have participated in.

DEGREE IMPACT

Please attach a statement that articulates how your degree with benefit law enforcement.

ESSAY

Please articulate/explain in 500 words or less what your goals and objectives are upon graduation from college.