

NORTH CAROLINA FRATERNAL ORDER OF POLICE FOUNDATION, INC SCHOLARSHIP APPLICATION

You may apply for financial assistance from a benevolent fund created by The North Carolina Fraternal Order of Police Foundation, Inc. If you are the natural or adopted child of a North Carolina Fraternal Order of Police member, who was killed or permanently disabled in the line of duty. When applying for the scholarship, you must be enrolled or accepted for admission in a college, vocational training school, or other educational institution approved by The North Carolina Fraternal Order of Police Foundation, Inc.

SECTION A:

To assist the children of North Carolina Fraternal Order of Police members who have been killed or permanently disabled in the line of duty, by providing funds so that they may complete their educational studies in appropriate post-secondary educational institutions, including college and vocational training, with grants and scholarship awards made through the recipient's educational institution. Complete Application Section Parts I, II, III, and IV.

SECTION B:

To assist the children of Fraternal Order of Police members who have obtained residency in North Carolina and currently is an Active Member in Good Standing with the North Carolina Fraternal Order of Police, who have been permanently disabled in the line of duty, by providing funds so that they may complete their educational studies in appropriate post-secondary educational institutions, including college and vocational training, with grants and scholarship awards made through the recipient's educational institution. Complete Application Section Parts I, II, III, and IV.

SECTION C:

To assist the children of North Carolina Fraternal Order of Police Active Members in Good Standing, by providing funds so that they may complete their educational studies in appropriate post-secondary educational institutions, including college and vocational training, with grants and scholarship awards made through the recipient's educational institution. Complete Application Section Parts I, II, III, and IV. The Foundation will award four \$500.00 scholarships each year for this section.

The amount awarded will depend upon many factors, including the amount available for awards, the number of applicants and the cost of the institutions including living arrangements, tuition and other sources of funding. Each application for a scholarship will be reviewed by The North Carolina Fraternal Order of Police Foundation, Inc. on a year-by-year basis. A renewal application must be filed each year.

MANNER OF APPLICATION

1. Applicants must complete Parts I - IV and deliver them with the required documentation to the North Carolina Fraternal Order of Police Foundation, Inc. at the address listed at the end of the application as soon as possible, but no later than May 1st of each year for the upcoming fall semester.
2. The Scholarship Committee may require an interview before the scholarship is awarded.
3. The Scholarship Committee reserves the right to re-evaluate awards at anytime if a student's curriculum changes, learning institution changes or if the student's academic performance becomes questionable. The Scholarship Committee reserves the right to not consider applications that are not completed in full.
4. If the applicant applying qualifies under Section C of this application, they will be required to submit a 500 word essay on how this scholarship will assist them in their educational studies, along with Parts I - IV and deliver them with the required documentation to the North Carolina Fraternal Order of Police Foundation, Inc. at the address listed at the end of the application as soon as possible, but no later than May 1st of each year for the upcoming fall semester.

SCHOLARSHIP APPLICATION PROCEDURE

FIRST TIME CANDIDATES MUST SUBMIT THE FOLLOWING ITEMS TO APPLY:

- Completed Scholarship Application
- Academic transcript which includes cumulative GPA through the spring semester.
- Proof of full-time enrollment for fall semester or a copy of the candidate's acceptance letter.
- Written notification from the Chief Executive officer of the involved agency confirming the line of duty death or total permanent disability.
- A copy of candidate's upcoming Fall Tuition Bill and Financial Aid Award letter from the enrolled school.

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**P A R T I
TELL US ABOUT YOURSELF**

(You must fill in using a black pen or type your answers; otherwise, the application will be void.)

Last name	First Name	Middle Name
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Physical Address _____

Street	City	State Zip Code	County
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Mailing Address _____

(if different from physical address)

Telephone Number _____ Date of Birth _____

Month / Day / Year

Social Security Number _____ Gender Male Female

Marital Status Single Married Separated Divorced Widow(er)

How many children do you have? _____ How many children do you support? _____

Are you currently employed? _____

If so, where? _____

Number of hours worked per week _____

Will you continue to work after enrollment in school? _____

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**P A R T I I
TELL US WHY YOU ARE ELIGIBLE FOR THIS SCHOLARSHIP**

Full name of parent or spouse upon whom eligibility is based _____

Check one Deceased Permanently disabled

Name, address, and telephone number of the law enforcement agency the parent or spouse was employed at the time of death or permanent disability injury.

Did the parent's or spouse's death or disability occur in the line of duty? YES NO

Dates of parent's or spouse's employment _____

Date of parent's or spouse's death (if applicable) _____

Date of parent's or spouses permanent disability (if applicable) _____

Nature of disability:

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**P A R T I I I
RELEASE AND EXCHANGE OF INFORMATION AUTHORIZATION**

I authorize the release and exchange of information to, by and between the North Carolina Fraternal Order of Police Foundation, Inc. and _____ (name of parent's or spouse's employer at time of death or disability); and I agree that such information released and/or exchanged may include such information as may be necessary to confirm the death or permanent disability in the line of duty of the parent or spouse upon whom this scholarship application is based and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Fraternal Order of Police Foundation, Inc.

Signature of (check one)

Disabled Parent ____

Disabled Spouse ____

Surviving Parent ____

Surviving Spouse ____

Date of Signature

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**P A R T I V
STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT**

I CERTIFY, the information reported in this application for scholarship and any attachments submitted herewith are true, correct, and complete to the best of my knowledge. I authorize use of information on this form by the North Carolina Fraternal Order of Police Foundation, Inc. I authorize the release and exchange of information to, by and between the North Carolina Fraternal Order of Police Foundation, Inc. and educational institutions; and I agree that such information as may be necessary to assure proper administration of student scholarship by the North Carolina Fraternal Order of Police Foundation, Inc. and institutional program administrators. I have read the eligibility requirements of this scholarship and agree to the conditions stated herein.

Applicant's Signature

Date of Signature

Date Application delivered or forwarded to
School Financial Aid Office

**NORTH CAROLINA FRATERNAL ORDER OF POLICE FOUNDATION, INC
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Approval for Payment

(For North Carolina Fraternal Order of Police Foundation, Inc. Official Use Only)

Approved Amount _____ Account Number _____

Foundation President _____ Foundation Secretary _____

Typed Name

Typed Name

Date: _____

Date: _____

(Seal)

**Mail Completed Application to:
North Carolina Fraternal Order of Police Foundation, Inc
Care of
Secretary Gunnar Matthews
P. O. Box 2181
Surf City, NC 28445**

