

THE NATIONAL LAW ENFORCEMENT AND FIREFIGHTERS CHILDREN'S FOUNDATION SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

1. NAME (First, Middle, Last) SOCIAL SECURITY # DATE OF BIRTH

2. PRESENT ADDRESS CITY STATE ZIP

3. EMAIL ADDRESS PHONE

CHECK ONE EACH OF THE FOLLOWING:

3. CITIZENSHIP: U.S. Citizen Permanent Resident Alien Other

4. (Optional) SEX: Male Female

5. (Optional) RACE: White Black Hispanic American Indian or Alaskan Native Unknown Asian

6. Name of Public College, Private College, University or Technical Institute you plan to attend:

7. Current Classification: Freshman Sophomore Junior Senior

8. Date you will enter College/University:

9. Name of parent under whose eligibility you are filing:

10. Name of parents employer at the time of his/her disability/death:

a) Badge Number b) Unit Assignment c) Date of disability/death

11. All applicants must provide written notification confirming a line of duty disability/death occurred from the chief executive officer of the involved agency and that the deceased or permanently disabled officer or firefighter had dependents. Dependent children must submit a copy of their birth certificate.

STUDENT'S SIGNATURE

I certify that the information submitted on this application is true and correct to the best of my knowledge. I understand the National Law Enforcement and Firefighters Children's Foundation Scholarship award is for only one academic year. The scholarship can be renewed annually as decided by the Committee up to four years as long as the student is pursuing a Bachelor's degree, Associates degree, certificate of diploma at any state-supported college, university or technical institute in the United States, is registered as a full time student during the entire academic year and maintains a 2.5 grade point average out of a possible 4.0.

SIGNATURE OF APPLICANT:

SIGNATURE OF PARENT OR LEGAL GUARDIAN (if applicant is under the age of 18)

DATE

DATE