

## **FRATERNAL ORDER OF POLICE**

### **FULTON COUNTY LODGE #143**

#### **F.O.P. SCHOLARSHIP PROGRAM APPLICATION**

The attached form for the F.O.P. Scholarship Program consists of two parts:

- PART 1** to be completed by you, the applicant, and signed by you and your parents or guardian. High School students must provide a transcript of high school grades. College students must provide a transcript of college grades.
- PART 2** to be completed and signed by your high school principal, college registrar or qualified school official.

#### **QUALIFICATIONS**

1. ALL APPLICANTS MUST BE A FULTON COUNTY RESIDENT.
2. ALL APPLICANTS MUST BE COMMITTED TO PURSUING AN EDUCATION AND CAREER IN A LAW ENFORCEMENT FIELD AT AN INDIANA COLLEGE OR UNIVERSITY.
3. ALL APPLICANTS MUST ENROLL AS A FULL-TIME STUDENT (12 hours).
4. ALL APPLICANTS MUST HAVE TAKEN THE SCHOLASTIC APTITUDE TEST (SAT) OR THE AMERICAN COLLEGE TEST (ACT).

**ALL INFORMATION MUST BE TYPED OR HAND PRINTED NEATLY, COMPLETED IN FULL,**

**PART 1-To be completed by the applicant-MUST BE TYPED OR HAND PRINTED NEATLY**

Name \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Post Office Box or Street City State Zip

Telephone Number ( ) Home County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last four (4) digits of Social Security # \_\_\_\_\_

Father's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Father's Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Place of Employment \_\_\_\_\_ Position Held \_\_\_\_\_

Mother's Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Name of high school you attend(ed) \_\_\_\_\_ Year Graduate(d) \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

Name of college or university you attend or plan to attend \_\_\_\_\_

Field you plan to major in \_\_\_\_\_

Number of semesters or quarters completed at end of current school year:

Semesters \_\_\_\_\_ Quarters \_\_\_\_\_

I am currently enrolled as a senior in high school Yes \_\_\_\_\_ No \_\_\_\_\_

I am currently enrolled in a college/university as a: (circle one)

Freshman Sophomore Junior Senior

10. Please list any non-school or community activities in which you have participated (Scouts, 4-H, youth groups, service organizations, etc.)

Activity	Office/Position	Years Held
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11. Please list part-time and summer employment. List most recent first.

Employer	Duties	Part-time/Summer (Specify
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12. Have you ever been arrested for any alcohol or drug related offenses?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list arrest type(s) and date(s) \_\_\_\_\_

13. Have you ever received a F.O.P. Scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Amount \$ \_\_\_\_\_ Year(s) received \_\_\_\_\_

14. How did you learn about our scholarship program? (parent, grandparent, school, police officer, Internet, etc.) \_\_\_\_\_

15. Have you attended the F.O.P. Youth Leadership Camp? Yes \_\_\_\_\_ No \_\_\_\_\_

16. On a separate sheet of paper, please write a short essay on: (Must complete #16)

- (a) your proposed course of college study,
- (b) how you reached this decision,
- (c) what you expect to gain from college,
- (d) your personal goals and ambitions

Be thoughtful in developing your essay. The essay is your opportunity to convey your motivations and personal characteristics to member of the Selection Committee.

Please remember a transcript of grades must be mailed with application. High school students are to provide a high school transcript and College students are to provide a college transcript.

I believe myself eligible for the F.O.P. Scholarship Program and certify that all information contained in this application is complete and true. I authorize my High School Principal, or the office of registrar, or financial aid office or qualified school official to complete the remainder of this form and forward the required school records to the Selection Committee of the F.O.P. Scholarship Program. I understand that the decisions of the Selection Committee in the selection of scholarship winners will be final.

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

\_\_\_\_\_  
Signature of Parent or Guardian

DATE \_\_\_\_\_

1. Do you reside with your parents? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

2. List adjusted gross income of parent(s) reported on last I.R.S. tax return \$ \_\_\_\_\_  
#2 Must be answered

3. List your (student's) adjusted gross income as reported on last I.R.S. tax return \$ \_\_\_\_\_

4. Please list names, ages and relationships of dependents in your immediate household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Number of household members (other than yourself) that are full-time college students \_\_\_\_\_

6. What methods do you plan to use to finance your college education?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list any special awards or recognition you have received for scholarships or other scholastic oriented achievements.

\_\_\_\_\_  
\_\_\_\_\_

8. Please list any hobbies or leisure-time activities that are of interest to you and any special recognition you may have received from these activities.

\_\_\_\_\_  
\_\_\_\_\_

9. Please list your principal high school and/or college clubs, organizations, activities and any offices or positions held.

Activity	Office/Position	Years held
_____	_____	_____
_____	_____	_____
_____	_____	_____



**PART 2-To be completed by the High School Principal, College Registrar or Qualified School Official—  
MUST BE TYPED OR HAND PRINTED NEATLY**

**TO THE SCHOOL OFFICIAL**

The F.O.P. is designed to recognize the academic achievements and total development of High School seniors and/or college students. Applicants are competing for a \$500.00 F.O.P. Scholarship from within their area of the County.

In order to best evaluate the applicant, the Selection Committee needs information from you. It is hoped your comments will be complete and thoughtful in order to provide the Committee with a total picture of the applicant.

IF YOU FEEL THAT YOU, AS THE HIGH SCHOOL PRINCIPAL OR COLLEGE REGISTRAR, DO NOT KNOW THE APPLICANT WELL, THE FOLLOWING INFORMATION MAY BE PREPARED AND SUBMITTED BY ANOTHER QUALIFIED SCHOOL OFFICIAL. THANK YOU FOR YOUR HELP AND COOPERATION.

Students Name \_\_\_\_\_

1. This student ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students at the end of \_\_\_\_\_ semesters.

2. This student's GPA is \_\_\_\_\_ on a scale of \_\_\_\_\_ .

3. This student took the Scholastic Aptitude Test (SAT) or the American College Test (ACT) on \_\_\_\_\_. Please indicate scores achieved: Verbal \_\_\_\_\_ Math \_\_\_\_\_

4. Attached is the transcript of the student's high school records for \_\_\_\_\_ semesters or college transcripts for \_\_\_\_\_ semesters.

5. List student's attendance record \_\_\_\_\_ .

If the information is not included on the transcript, please indicate:

Passing Grade \_\_\_\_\_ Grade recommended for college work \_\_\_\_\_

Type of course taken (General, College Preparatory, etc.)

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6. Please use the space below to give the Selection Committee your appraisal of the student.

Name of School \_\_\_\_\_

School's Address \_\_\_\_\_  
Street City State Zip

Your Name \_\_\_\_\_ Position \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

ALL INFORMATION MUST BE TYPED OR HAND PRINTED NEATLY, COMPLETED IN FULL AND RETURNED

**Applications are due to RHS Guidance office by 3:00pm Fri., March 8, 2024**