

2010 ITALIAN AMERICAN POLICE ASSOCIATION



SCHOLARSHIP APPLICATION

Applicant Information

Please print or type:

Mr.
Ms.
Mrs.

Applicant's Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street and Number)

(City) (State) (Zip Code)

Telephone: _____
(Home) (School/Work/Cell)

High School Information

High School: _____

Address: _____

GPA and/or
Class rank: _____

Expected/Date of Graduation: _____
(Month) (Year)

College Information

College/
University: _____

Address: _____

GPA: _____

Expected/Date of Graduation: _____
(Month) (Year)

Extracurricular Activities/Clubs

Extracurricular
Activities: _____

Clubs/sports: _____

Applicant's Signature

SIGNATURE: _____

DATE: _____

Parent/Member's Information

Parent's Name: _____

Parent's Address: _____

Parents Phone number: _____

AND/OR

Members Name: _____

Member's Address: _____

Certification of Member Status

This is to certify that the parent of the applicant named above is either a member or an associate member of the Italian American Police Association.

SIGNATURE: _____

DATE: _____

MAILING INFORMATION

Please mail the application and the 200-word narrative, stating the importance of being a person of Italian-American descent or the importance of law enforcement, to:

**ITALIAN AMERICAN POLICE ASSOCIATION
SCHOLARSHIP FUND**

c/o Scholarship Committee
6351 W. Montrose Avenue
Suite 210
Chicago, Illinois 60634-1563

For Office Use Only
Applicant do not mark in this area

TRANSCRIPTS IN FILE: Yes/No G.P.A.: _____

NARRATIVE ATTACHED: Yes/No

MEMBERSHIP VERIFIED: Yes/No