



Palm Beach Police Foundation

SCHOLARSHIP FUND APPLICATION RENEWAL APPLICATION: ACADEMIC YEAR 2019-2020

RENEWAL APPLICANT INFORMATION: (Due March 1st)

APPLICANT'S NAME: _____

PERMANENT ADDRESS: _____

APPLICANT E-MAIL: _____

TELEPHONE NUMBERS: (HOME) _____ (CELL) _____

CURRENT COLLEGE/UNIVERSITY:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Circle One

ANTICIPATED COLLEGE LEVEL AS OF FALL SEMESTER 2019: FR SO JR SR

Circle One

NUMBER OF YEARS YOU HAVE **ALREADY** RECEIVED THIS SCHOLARSHIP: 1 2 3 4

ANTICIPATE GRADUATION DATE: _____

COMPLETED APPLICATION: (Due May 1st)

**NAME & LOCATION OF COLLEGE/UNIVERSITY APPLICANT PLANS TO ATTEND
(IF DIFFERENT FROM ABOVE):**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

**(PLEASE ATTACH CURRENT TRANSCRIPT WITH OVERALL GPA FROM
EVERY COLLEGE/UNIVERSITY WHICH APPLICANT HAS ATTENDED.)**

RENEWAL APPLICATION CONTINUED

Student's Name: _____

DESCRIPTION OF APPLICANT'S EDUCATIONAL & PROFESSIONAL GOALS:

LIST & DESCRIPTION OF APPLICANT'S EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, AND ANY OTHER DEMONSTRATION OF CIVIC AND SOCIAL RESPONSIBILITY. _____

PLEASE PROVIDE A BRIEF QUOTE ABOUT THE IMPORTANCE OF RECEIVING THIS SCHOLARSHIP AND WHAT IT WILL MEAN TO YOU (FOR ANONYMOUS USE ON THE WEBSITE):

SIGNATURE OF APPLICANT

DATE

EMPLOYEE INFORMATION:

NAME: _____

YEARS OF EMPLOYMENT _____

DATE OF HIRE: _____

EMPLOYEE E-MAIL: _____

HOME PHONE # _____ CELL or WORK PHONE# _____

I CERTIFY THAT THE APPLICANT IS A DEPENDENT, UNMARRIED CHILD UNDER THE AGE OF 25 YEARS OF AGE WHO IS EITHER NATURALLY RELATED TO, LEGALLY DEPENDENT UPON, OR ADOPTED BY ME:

(EMPLOYEE SIGNATURE)

DATE

RETURN THIS COMPLETED RENEWAL APPLICATION IN A SEALED ENVELOPE, TO CAPT. MICK KEEHAN or THE PALM BEACH POLICE FOUNDATION, 139 N. COUNTY ROAD, SUITE 20C, PALM BEACH, FL 33480. SEALED TRANSCRIPTS DUE BY MAY 15.
NO LATER THAN 5:00 P.M. ON MARCH 1 OF THE APPLICATION YEAR.