



Palm Beach Police Foundation

SCHOLARSHIP FUND APPLICATION

INITIAL APPLICATION:

ACADEMIC YEAR 2018-2019

PRELIMINARY APPLICANT INFORMATION: (Due March 1st)

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ (PLEASE ATTACH A COPY OF BIRTH CERTIFICATE)

PERMANENT ADDRESS: _____

APPLICANT E-MAIL: _____

TELEPHONE NUMBERS: (HOME) _____ (CELL) _____

CURRENT HIGH SCHOOL OR COLLEGE/UNIVERSITY:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

(IF HIGH SCHOOL, EXPECTED GRADUATION DATE: _____)

**PART II: TO BE COMPLETED WHEN APPLICANT HAS ACCEPTED
ADMISSION TO THEIR CHOSEN COLLEGE/UNIVERSITY (Due May 1st)**

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

NAME: _____

ADDRESS: _____

TELEPHONE: _____

**(PLEASE ATTACH A TRANSCRIPT FROM EVERY HIGH SCHOOL &
COLLEGE/UNIVERSITY WHICH APPLICANT HAS ATTENDED, ALONG WITH
A COPY OF ANY HIGH SCHOOL DIPLOMA OR GED CERTIFICATE, IF
APPLICABLE.)**

PRELIMINARY APPLICATION CONTINUED

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

Palm Beach Police Employee:

NAME: _____

YEARS OF EMPLOYMENT _____

HIRE DATE: _____

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 PRELIMINARY APPLICATION, BIRTH CERTIFICATE AND TRANSCRIPTS, IN A SEALED ENVELOPE, TO CAPT. MICK KEEHAN or THE PALM BEACH POLICE FOUNDATION, 139 N. COUNTY ROAD, SUITE 20C, PALM BEACH, FL 33480
NO LATER THAN 5:00 P.M. ON MARCH 1 OF THE APPLICATION YEAR.