





## Kansas Peace Officers' Association SCHOLARSHIP APPLICATION

Please Complete, Print, and Mail This Application

### Personal Information

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

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Home Address

\_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

KPOA Member \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street #/Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Academic Record

High School \_\_\_\_\_ Location \_\_\_\_\_

High School Cumulative Grade Average \_\_\_\_\_ (A=4 B=3 C=2 D=1 F=0)

Rank In Graduating Class \_\_\_\_\_ No. In Graduating Class \_\_\_\_\_

College and Location \_\_\_\_\_

College GPA \_\_\_\_\_

Student's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Date Received _____	Scholarship Awarded _____	Length of Scholarship _____
Amount Scholarship _____	Approving Officer's Signature _____	