



Arizona Fraternal Order of Police Associates

Consolidated Scholarship Application

2024

Use this single application to apply for the Arizona State Lodge Scholarship and your Local Lodge Scholarship (if available). **Applications must be submitted by email, and are due by April 26, 2024.**

The Arizona State Lodge Fraternal Order of Police Associates is a nonprofit fraternal organization comprised of civilian members of law enforcement agencies and citizens of the community who are dedicated to the men and women of the Fraternal Order of Police who protect us day in and day out. The Arizona State Associate Lodge offers a scholarship of \$1,000 for dependents or grandchildren of Fraternal Order of Police, Auxiliary, and Associate members.

I. Requirements. The applicant must:

1. Be a dependent or grandchild of an Arizona Fraternal Order of Police, Auxiliary, or Associate member in good standing.
2. Maintain a 2.5 or above grade point average.
3. Not have failed any classes.
4. Be a full time student with a minimum class load of twelve (12) hours (which includes someone returning to school full time).

II. Application Process

1. The applicant must complete the Application Packet and submit:
 - The Application form.
 - Three reference letters that reflect the applicant's potential for success. These may be from:
 - i. A teacher;
 - ii. A business professional;
 - iii. A close personal friend; or
 - iv. A professional relative.
 - A minimum 500 word essay containing information on the applicant's ambitions and goals.
 - A copy of the past semester transcript or a copy of the current enrollment class schedule.
2. Applications **must** be submitted by email to fopaazscholarships@gmail.com. Mailed applications will not be accepted.
3. Incomplete applications shall not be considered.

An applicant is eligible to receive one lifetime scholarship from the Arizona State Fraternal Order of Police Associates and one lifetime scholarship from the applicant's Local Associates Lodge (if available). If you are awarded the Scholarship, we may request a picture for our website.

FOPA SCHOLARSHIP APPLICATION FORM

(Please type or print clearly)

NAME: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone: _____ Birth Date: _____

Qualifying Member: _____ Phone: _____

What Lodge # is your qualifying member from? _____ [] FOP [] Auxiliary [] Associate

Member's Relationship to Applicant: _____

Academic Information:

Name of High School

If currently enrolled in a higher education facility, name of University, College or Vocational School

How many semesters have you attended this school? _____ Grade Point Average: _____

High School Class Rank: _____ of _____

If applicant is a high school senior, please list your exam scores: ACT _____ SAT _____

Please list and describe any academic honors and awards you have received:

Activities and Leadership:

List any school and community activities involved in:

What offices and leadership positions have you held?

List and describe honors and awards you have received:

What are your goals?

Planned college major or vocational training: _____

What occupational field do you plan to enter? _____

What University, College or Vocational School do you plan to or currently attend?

Financial Information:

Why are you applying for this scholarship?

Have you applied for other scholarships? [] Yes [] No

Have you received other scholarship funds? [] Yes [] No

How are you funding your college education?

Recommendations:

List the name, address and phone number of at least three people that personally know you, that we might contact on your behalf. Please do not include immediate family members.

Name, Email Address, Phone

Name, Email Address, Phone

Name, Email Address, Phone

If a scholarship is available for your Local Lodge, would you like to be considered?

Yes

No

Signature _____ **Date** _____

***** Do Not Write Below This Line *****

=====
Application Received On: _____

Application Voted On: _____

Application Status: **Granted** **Denied**

Amount of Scholarship: \$ _____

Check # _____ **Voucher #** _____

Committee Chair Signature

Associate Lodge President Signature