

**SCHOLARSHIPS TO RECOGNIZE INTELLIGENCE VISION AND EXCELLENCE (STRIVE)
APPLICATION**

ALL INFORMATION SUBMITTED IS SUBJECT TO VERIFICATION

Instructions: Provide all information requested on the application. An incomplete application may be cause for rejection. All applications along with a certified copy of your last available transcript from High School or University must be mailed to the Police Officer Defense Fund Inc. at 2515 West Whitaker Avenue, Milwaukee WI. 53221 no later than February 27th of each calendar year.

NAME : _____ AGE : ____ MALE : ____ FEMALE: ____
(LAST) Please Print (FIRST) (M.I.)

ADDRESS : _____
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE : (____) _____ EMAIL ADDRESS : _____

FATHER'S NAME : _____ Name of Law Enforcement Agency and Date Appointed : _____

MOTHER'S NAME : _____ Name of Law Enforcement Agency and Date Appointed : _____

NAME OF HIGH SCHOOL ATTENDED : _____ DATE OF GRADUATION : _____

HIGH SCHOOL GRADE POINT AVERAGE (GPA) : _____ COMPOSITE ACT SCORE : _____

NAME OF COLLEGE / UNIVERSITY YOU WILL BE ATTENDING FOR THE FALL SEMESTER : _____

IF YOU ARE CURRENTLY A HIGH SCHOOL STUDENT, PLEASE IDENTIFY WHETHER YOU HAVE EARNED ANY ADVANCED PLACEMENT CREDITS : YES ____ NO ____ IF YES, HOW MANY AP CREDITS _____

IF YOU ARE CURRENTLY A HIGH SCHOOL STUDENT PLEASE SKIP THE NEXT THREE QUESTIONS

1. AS OF SUBMISSION OF THIS APPLICATION HOW MANY CREDITS HAVE YOU EARNED AT THE ABOVE STATED UNIVERSITY? _____ PRIOR UNIVERSITY? _____
2. WHAT WILL YOUR CLASS STANDING AT THE ABOVE STATED UNIVERSITY BE DURING THE FALL SEMESTER FOLLOWING SUBMISSION OF THIS APPLICATION? [] FRESHMAN [] SOPHOMORE [] JUNIOR [] SENIOR
3. WHAT IS YOUR CUMULATIVE GPA AT THE ABOVE STATED UNIVERSITY? _____
4. WHAT IS YOUR INTENDED OR CURRENT ACADEMIC MAJOR? _____
5. WHAT IS YOUR CAREER OCCUPATIONAL / PROFESSIONAL GOAL? _____
6. ANTICIPATED # OF CREDITS TO BE CARRIED DURING THE FALL SEMESTER FOLLOWING SUBMISSION OF THIS APPLICATION? _____
7. ANTICIPATED COSTS FOR THE ACADEMIC YEAR FOLLOWING SUBMISSION OF THIS APPLICATION?
TUITION \$ _____ BOOKS \$ _____ HOUSING \$ _____
8. WITHOUT THIS SCHOLARSHIP, HOW ARE YOU PLANNING TO PAY FOR THE EXPENSES IDENTIFIED IN QUESTION NO. 7? PLEASE INDICATE A PERCENTAGE FOR EACH CATEGORY.
____ STATE AND/OR FEDERAL GRANTS ____ LOANS ____ SCHOLARSHIPS ____ WORK STUDY
____ PARENT'S ASSETS AND INCOME ____ PERSONAL SAVINGS ____ OTHER

USING THE REVERSE SIDE OF THIS APPLICATION, PLEASE ANSWER THE FOLLOWING QUESTION. "HOW HAVE YOUR PARENTS MOTIVATED YOU TO SEEK A HIGHER EDUCATION?" PREPARE YOUR ANSWER IN 12PT FONT AND DOUBLE SPACE USING ONLY THE REVERSE OF THIS APPLICATION. ADDITIONAL PAGES OR DOCUMENTS WILL NOT BE CONSIDERED.

SIGNATURE _____ DATE SIGNED _____

AGREEMENT TO SUCCEED

Upon receiving a scholarship from the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund, I agree to deposit the total amount awarded by the STRIVE Fund in a financial institution of my choice, and thereafter to use the scholarship money solely for tuition, books, and housing costs associated with my education during the forthcoming academic calendar year. In the event that my costs for tuition, books and housing associated with my education during the forthcoming academic calendar year do not equal or exceed the amount awarded, I will refund to the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund the scholarship money not spent on such purposes.

I agree that this scholarship money will not be used for costs associated with education in any other academic calendar year, and that I will reimburse the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund the amount awarded in the event that I breach this agreement.

For a recipient currently enrolled in a university, college or other accredited institution identified on his/her application:

I further agree to reimburse the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund the entire amount of the scholarship awarded to me in the event that I separate from the university, college or other accredited institution identified in my application for any reason, other than graduation, during the forthcoming academic calendar year.

For those recipients not currently enrolled in a university, college or other accredited institution:

The recipient agrees to forward to the Police Officer Defense Fund proper receipts itemizing expenditures for permitted expenses. Failure to do so will prohibit further consideration for Scholarships.

I further agree to reimburse the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund the entire amount of the scholarship awarded to me in the event that I fail to attend a university, college or other accredited institution during the forthcoming academic calendar year or separate from such institution without completing at least one semester.

I agree to allow the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund, and the Police Officer Defense Fund permission to use my photograph and biographical information to announce the winners of the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund, and to publicize the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund.

I hereby accept the Scholarship To Recognize Intelligence, Vision and Excellence (STRIVE) Fund's award of on these terms.

Please sign and print your name

Date

Scholarship to Recognize Intelligence, Vision and Excellence (STRIVE) Fund