



LAW ENFORCEMENT SCHOLARSHIP APPLICATION

Name: (Last, First, Middle) _____

Date of Birth: _____

Address City, Zip code: _____

Home phone: _____ Other phone: _____ email: _____

Present high school: _____ Address: _____

Anticipated graduation date: _____ College degree sought: _____

Anticipated college enrollment date: _____ Anticipated college attended: _____

Age at time of college enrollment: _____ Anticipated graduation date: _____

Prior law enforcement exposure? _____

Will you receive additional funding for your education? _____

How will you apply the scholarship funds? _____

Father /Guardian Mother/Guardian:

Name: _____

Address: _____

Occupation: _____

Business address: _____

Names and ages of siblings living at home, if any:

Approximate net monthly income (after taxes) of family \$ _____

Source of income: _____

Are you receiving aid from any of the following?

Veterans' Welfare Board [] Yes [] No

Government Insurance Compensation [] Yes [] No



SHERIFF LOPEY FOUNDATION P.O. Box 24, Mt. Shasta, CA 96067
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Servicemen's re-adjustment Allotment [] Yes [] No

State Educational Aid [] Yes [] No

Are your parents able to aid you in any way? [] Yes [] No

If not, why?

Does your family own a home? [] Yes [] No

Applicants Anticipated Annual Revenue

Cash on hand \$ _____

Projected net earnings during the semester \$ _____

Working for room \$ _____

Working for board \$ _____

Assistance from parents or guardians \$ _____

Loan, gift or scholarships (excluding the Sheriff Lopey Foundation) \$ _____

Advance from other sources \$ _____

TOTAL ANTICIPATED INCOME \$ _____

Tuition and fees \$ _____

Board \$ _____

Room \$ _____

Books \$ _____

Organizations \$ _____

Incidentals (itemize on a separate sheet and explain) \$ _____



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Principals Report

(To be submitted with the student's application.)

Dear Principal

Please judge the student, _____ on the following
(Student's full name)
characteristics and provide any specific input that would help the Foundation reach a decision.

EXCELLENT GOOD AVERAGE POOR

Citizenship

Dependability

Conduct

Comments: Please feel free to add any comments on the student's behalf.

Principal: _____ Date: _____

Name of School: _____ Phone: _____

Foundation President's signature Date

Sheriff's signature Date

Please mail to PO Box 24, Mt. Shasta, CA 96067