



EVANSVILLE POLICE DEPARTMENT FOUNDATION

The Evansville Police Department Foundation exists to award financial grants to the Evansville Police Department for specialized equipment, education, collaborative community programs, and for the support of its personnel.

SCHOLARSHIP APPLICATION

The Evansville Police Department Foundation strives to support the Evansville Police Department's personnel through the distribution of college scholarship dollars. This year the Evansville Police Department will award eight \$2,000 scholarships. Scholarship dollars are awarded annually to students who have met the qualifications listed below:

- Applicants must have the following EPD Family Relationship: a child, grandchild, stepchild or step-grandchild under the age of 25 of an active, retired or deceased EPD employee.
- High School Graduate (or will graduate by June) with a minimum of 2.8 GPA.
- Applicants may not receive a scholarship in two consecutive years with a maximum of two times during their undergraduate studies from the Evansville Police Department Foundation.
- Scholarships are to be used for required tuition, fees, books and required supplies at any accredited Higher Learning Institute for undergraduate studies only.

GENERAL STUDENT DEMOGRAPHIC INFORMATION

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ E-mail Address: _____

EPD Family Relationship: _____

University Attending/Field of Study (Major): _____

*****READ CAREFULLY*****

THE FOLLOWING DOCUMENTS MUST BE TURNED IN WITH YOUR COMPLETED APPLICATION. DO NOT SEND ANY INFORMATION NOT REQUESTED. INCOMPLETE APPLICATION PACKAGES WILL NOT BE CONSIDERED.

- Copy of High School and/or College transcripts.
- List of school related academic awards and special honors. (Page 3)
- List of membership/leadership roles in clubs or organizations including length of service and contact name/number for organization. (Page 4)
- List of volunteer activities including length of service and contact name/number for organization. (Page5)
- List of other activities including work, sports or other activities not listed. (Page 6)
- Current photo for media release.

I attest that all the information herein is correct and complete to the best of my knowledge. I also agree to the release of information concerning my academic status to scholarship selection committee. I agree to have my name and picture released to the media should I be selected for a scholarship. The Evansville Police Department Foundation is an equal opportunity organization and considers all eligible applications.

Signature: _____ Date: _____

A selection committee comprised of community leaders independent of the Evansville Police Department and Evansville Police Department Foundation will oversee the selection process and determine scholarship winners.

Deadline for application submission is March 15th.

**Applications postmarked after this date will *not* be considered.
Applications must be submitted via U.S. mail.**

**Return applications to:
EPDF Scholarship Committee
P.O. Box 3114
Evansville, IN 47730**

ACADEMIC AWARDS AND SPECIAL HONORS

SCHOOL: _____

TYPE OF AWARD/DATE RECEIVED: _____

SCHOOL: _____

TYPE OF AWARD/DATE RECEIVED: _____

SCHOOL: _____

TYPE OF AWARD/DATE RECEIVED: _____

SCHOOL: _____

TYPE OF AWARD/DATE RECEIVED: _____

SCHOOL: _____

TYPE OF AWARD/DATE RECEIVED: _____

ORGANIZATIONAL AFFILIATIONS

ORGANIZATION: _____

ROLE: _____

LENGTH OF SERVICE: _____

CONTACT NAME/NUMBER: _____

ORGANIZATION: _____

ROLE: _____

LENGTH OF SERVICE: _____

CONTACT NAME/NUMBER: _____

ORGANIZATION: _____

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LENGTH OF SERVICE: _____

CONTACT NAME/NUMBER: _____

VOLUNTEER SERVICE

ORGANIZATION: _____

RESPONSIBILITY: _____

DATE(S) OF SERVICE: _____

CONTACT NAME/NUMBER: _____

ORGANIZATION: _____

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CONTACT NAME/NUMBER: _____

ORGANIZATION: _____

RESPONSIBILITY: _____

DATE(S) OF SERVICE: _____

CONTACT NAME/NUMBER: _____

MISCELLANEOUS ACTIVITIES

TYPE: _____

RESPONSIBILITY: _____

DATE(S) OF SERVICE: _____

CONTACT NAME/NUMBER: _____

TYPE: _____

RESPONSIBILITY: _____

DATE(S) OF SERVICE: _____

CONTACT NAME/NUMBER: _____

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