

Police Family Survivors Fund

*A support program of the
American Federation of Police & Concerned Citizens*



EDUCATIONAL SCHOLARSHIP APPLICATION

Send completed application and documentation to:

Scholarship Fund

American Federation of Police & Concerned Citizens
6350 Horizon Dr
Titusville, FL 32780

For more information, you may contact us at (321)264-0911, loris@aphf.org
or visit www.afp-cc.org.

Eligibility & Documentation Required:

- Applicant must be the surviving son or daughter of a law enforcement officer killed in the line of duty.
- Applicant must be enrolled in a minimum of 6 credit hours.
- Applicant must maintain a 2.0 GPA.
- Applicants currently enrolled in college must submit a copy of their most recent school transcript.
- New college students must submit a high school transcript, ACT/SAT scores, and a copy of the acceptance letter from the institution he/she plans on attending.

It is the intent of this program to not turn away any survivor requesting assistance to pursue higher education. Scholarships of \$1,000.00 per year for up to four years will be granted to qualified applicants. Maximum funding per applicant is \$4,000.00. The number of scholarships issued is subject to the availability of funds. The scholarship funds may be used towards tuition, books, housing, or fees directly associated with educational expenses. Applicant **MUST** re-apply each year and understands the review and approval of applications may take 30 – 60 days from receipt of proper documentation.

Over →

6350 Horizon Dr
Titusville, FL 32780

Phone: 321-264-0911
Fax: 321-264-0033
E-mail: loris@aphf.org

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EDUCATIONAL SCHOLARSHIP
APPLICATION

Type or Print Only

Applicant's Name _____ Date of Birth _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____ Phone (_____) _____

Email _____

School Name _____ City/State _____

Course of study _____ GPA _____

Freshman Sophomore Junior Senior VoTech

Name of Deceased Officer _____ Relationship to Applicant _____

Department/Agency _____ City/State _____ Date of Death _____

Please share your academic and professional goals.

Please share any academic honors, awards and school involved activities.

Please share your outside interests and service activities.

I have read and understand all information on the application and affirm that all information submitted is true and accurate to the best of my knowledge. I also agree that the American Federation of Police & Concerned Citizens (AFP&CC) has my permission to use my photo and information regarding my scholarship to promote the scholarship program in their mail and on-line campaigns.

Signature _____ Date _____

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