



# *Idaho Peace Officers' Memorial Fund*

## SCHOLARSHIP APPLICATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ / \_\_\_\_\_ HOME PHONE \_\_\_\_\_ / \_\_\_\_\_

EMAIL  
\_\_\_\_\_

PARENT / GUARDIAN NAME(S)  
\_\_\_\_\_

NAME OF PEACE OFFICER \_\_\_\_\_

RELATIONSHIP TO PEACE OFFICER  
\_\_\_\_\_

AGENCY IN WHICH THE PEACE OFFICERS WAS  
EMPLOYED \_\_\_\_\_

ARE YOU PLANNING ON BEING EMPLOYED IN COLLEGE? YES  NO

COLLEGE CHOICE:  
\_\_\_\_\_

HAVE YOU BEEN ACCEPTED? YES  NO

DATE OF ACT: \_\_\_\_\_ SCORE OF ACT: \_\_\_\_\_

**OR**

DATE OF SAT: \_\_\_\_\_ SCORE OF SAT: \_\_\_\_\_

APPLICATION SHOULD BE COMPLETED THOROUGHLY AND SUBMITTED (ALONG WITH OTHER REQUIRED DOCUMENTS) NO LATER THAN **APRIL 1**.

PLEASE PRINT OFF APPLICATION AND MAIL TO:

**Idaho Peace Officers' Memorial  
700 S. Stratford Dr.  
Meridian, ID 83642**

IT IS NOT NECESSARY TO CONTACT THE IDAHO PEACE OFFICER'S MEMORIAL FUND  
REGARDING THE STATUS OF A SCHOLARSHIP APPLICATION.

**NOTICE OF NON-DISCRIMINATION**

THE IDAHO PEACE OFFICERS' MEMORIAL FUND BOARD OF DIRECTORS AND THE IDAHO  
PEACE OFFICERS' MEMORIAL FUND SCHOLARSHIP COMMITTEE DO NOT DISCRIMINATE  
IN THEIR SCHOLARSHIP SELECTION, POLICIES, PROGRAMS, OR SERVICES ON THE  
BASIS OF RACE, ETHNIC ORIGIN, AGE, SEXUAL ORIENTATION, RELIGION, COLOR, OR  
DISABILITY.

**THANK YOU FOR APPLYING!**