



CONCORD POLICE OFFICERS' ASSOCIATION ANNUAL SCHOLARSHIP AWARD PROGRAM

Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Check box that applies:**

Graduating HS senior  Community College transfer student  Continuing College student

High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Are you a dependent of an active or retired Concord POA member?  Yes  No

POA Member: \_\_\_\_\_

Extracurricular Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

College or University:  Applying  Accepted  Attending

Name of College or University: \_\_\_\_\_

Start date: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Degree/Objective: \_\_\_\_\_

Desired occupation after graduation: \_\_\_\_\_

I have read and understand each of the requirements and acknowledge my continued commitment to both my continuing education and to my community.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_