

WACOPS SCHOLARSHIP APPLICATION

Please Type or Print

PERSONAL INFORMATION

Date _____

Full Name (Last, First, Middle Initial) _____

Mailing Address (Street, City, State, Zip Code) _____

Telephone Number _____

Birth Date _____

EDUCATION

Last High School Attended and Location _____

Year of Graduation _____ GED (Y or N) _____ Last GPA _____

School or College you are planning to attend _____

Cost per Year _____

Course of Study _____

FAMILY INFORMATION

Father's Name _____

Employer/Occupation _____

Gross Annual Income _____

Mother's Name _____

Employer/Occupation _____

Gross Annual Income _____

Number of Children Living at Home & Ages _____

Do you have brothers and sisters attending college now (Y or N) _____ If Yes, How Many? _____

EMPLOYMENT, VOLUNTEER, COMMUNITY SERVICE HISTORY, ETC. (List most recent first)

List Present and Past Employers, Your Position, and Duties:

Please list your Involvements and years of participation:

Sports:

Clubs & Activities:

Elected Positions Held:

Community Service:

Awards & Honors:

Please state, in your own handwriting, what your future goals are:

Explain any unusual circumstances that might affect your request for scholarship aid:

Please include a letter of recommendation from a counselor or teacher with your scholarship application to the address provided below and a certified transcript. Your application will NOT be processed without them.

Attach additional pages as needed

Return to:

**Washington Council of Police & Sheriffs
200 Union Avenue SE
Olympia, WA 98501-1393**

APPLICATION DEADLINE: Postmarked by April 30