



Police and Fire: The Fallen Heroes

STUDENT SCHOLARSHIP RENEWAL APPLICATION

Notes: Applicant must be a naturally or legally adopted dependent of a law enforcement or fire service personnel fallen in the line of duty in California after January 1, 2012. Application must be filled out completely for consideration and Postmarked or Emailed by March 31st.

STUDENT INFORMATION:

(all fields required)

Last Name: _____ First Name: _____ Middle Initial: ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email address: _____

Date of Birth: _____ Gender: _____ Last 4 digits of SS# _____

• Please select *one or more* of the following groups in which you consider yourself a member:

American Indian ____ Asian ____ Hispanic/Latino ____ Native Hawaiian/Pacific Islander ____
Person of Color ____ White ____

PARENT INFORMATION:

Parent/Fallen law enforcement or fire service personnel Information:

Last Name: _____ First Name: _____ Middle Initial: ____

Department Name: _____ Location: _____

Date of fallen law enforcement or fire service personnel death: _____

Parent/Guardian Information:

Last Name: _____ First Name: _____ Middle Initial: ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

REQUIRED DOCUMENTS:

Please include the following attachments: (No staples, folders or bound copies please)

- ✓ Letter (maximum two pages) explaining why the scholarship award is needed or wanted and describe your educational, vocational and professional goals.
- ✓ Proof of registration for second year applicant and a progress report.
- ✓ Photo of applicant (2 mb minimum) for website and marketing materials
- ✓ Applications must be postmarked or emailed by March 31st.

Mail to:

Police and Fire: The Fallen Heroes
Attention: Scholarships
1555 Botelho Drive, Suite #133
Walnut Creek, CA 94596

OR

Email to:

scholarships@thosewhoserved.org

*If you have not received an email confirmation within one week of submittal, please call the following phone number: (925) 831-2011

CERTIFICATION, TERMS AND CONDITIONS:

I hereby certify that the information submitted within this application is true, correct and complete to the best of my knowledge. I will, on request, provide documentation necessary to verify information reported. Providing false or misleading information may result in termination of any scholarship granted. If the scholarship is terminated, no further payments will be received, and the awardee may be required to repay some or all of the scholarship.

If requested, I will attend the annual **Police and Fire: The Fallen Heroes** fundraiser golf tournament post-event dinner to provide a short talk to the attendees about the meaning and importance of the scholarship to me. The tournament will be held in June. If invited, travel expenses will be provided for the recipient.

By applying for this scholarship, I grant permission to post my name and photo on **Police and Fire: The Fallen Heroes** website and in other marketing materials.

If the scholarship is awarded, I will provide a status on education attendance every six months to **Police and Fire: The Fallen Heroes** student liaison as required. I agree to follow status procedures on a timely basis. **Police and Fire: The Fallen Heroes** may terminate my scholarship if status is not provided within the required time frame. If the scholarship is terminated, no further payments will be received and I may be required to repay some or all of the scholarship.

Police and Fire: The Fallen Heroes may terminate my scholarship if classes are not attended, if I withdraw from or becomes inactive in full-time class attendance, fail to maintain satisfactory academic progress, I am suspended or excluded for misconduct or discipline, or fail in any other way to meet the eligibility criteria and conditions of the scholarship. If the scholarship is terminated, no further payments will be received, and I may be required to repay some or all of the scholarship.

Applicant Signature _____ Date _____

If applicant is under the age of 18 at time of submitting application:

Parent/Guardian's Signature _____ Date _____