



# POLICE AND FIRE: THE FALLEN HEROES

## STUDENT SCHOLARSHIP 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 May 1st**

### 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: \_\_\_\_\_

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**EDUCATIONAL STATUS FOR CURRENT SCHOOL YEAR:**

- Indicate present class status: Freshman\_\_\_\_\_ Sophomore\_\_\_\_\_ Junior\_\_\_\_\_ Senior \_\_\_\_\_
- Check current type of school:  
High School \_\_\_\_\_ Comm. College\_\_\_\_\_ 4 Yr College/University \_\_\_\_\_ Graduate School \_\_\_\_\_  
Trade, Vocational, Technical School\_\_\_\_\_ Institute for Certification\_\_\_\_\_ Job Training Program\_\_\_\_\_
- Overall GPA (2.0 minimum required) \_\_\_\_\_

List in chronological order all schools attended since senior year in high school:

School Name	City	State	School Type <i>(High School, Community, 4year College, Trade, Vocational, Technical, other)</i>	Dates Attended From/To	Degree Earned
				/	
				/	
				/	

**SCHOOL ACTIVITIES:**

Student body offices, school club memberships and club offices held:

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School awards and honors:

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Athletic Participation:

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**COMMUNITY ACTIVITIES:**

Community club or organization memberships:

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Community awards and honors:

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Community service performed:

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**FUTURE EDUCATIONAL PLANS**

- Name of college, university, trade, vocational, or technical school, college or institute for certification or job training program you plan to attend.

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- In which program do you plan to enroll?

Graduate \_\_\_\_\_ Bachelor \_\_\_\_\_ Associate \_\_\_\_\_ Technical/Trade Certification \_\_\_\_\_

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- What is your major or proposed field of study?

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- Number of units you expect to be taking in the:

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_

- List the source and amount of any grants or scholarships awarded to you for the coming school year.

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**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.
- ✓ Copy of most recent high school, college, trade, vocational or technical school
- ✓ Official documentation substantiating GPA (i.e. transcripts)
- ✓ Proof of high school graduation or equivalent and proof of acceptance to a college or trade school. (If not received by time of application submittal, must be provided before money will be awarded.)
- ✓ 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 May 1st.

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

**Email To:** [scholarships@thosewhoserved.org](mailto: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 \_\_\_\_\_