



C.O.P.S. AZ

SCHOLARSHIP APPLICATION

Please check the semester for which you are applying and note the deadline due dates:

FALL SEMESTER

Application must be received at the C.O.P.S. AZ office not later than June 1 for consideration.

WINTER/SPRING SEMESTER

Application must be received at the C.O.P.S. AZ office not later than October 1 for consideration.

Late applications will not be considered. The maximum award per semester is \$500.

The C.O.P.S. AZ Scholarship Fund will assist surviving children (no age limit) and spouses of officers whose deaths are considered “in the line-of-duty” by the Federal Bureau of Investigation [FBI], Bureau of Justice Assistance’s Public Safety Officers’ Benefits Program [PSOB], the National Law Enforcement Officers Memorial Fund [NLEOMF] or the Fraternal Order of Police [FOP], according to the Bylaws of Concerns of Police Survivors. Assistance may be available for undergraduate and graduate classes, and vocational, technical and career training up to \$500 per semester, \$4,000 lifetime. Must be an Arizona resident and a member of the C.O.P.S. AZ Chapter.

Applicant’s Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Social Security Number: _____

Date of Birth: _____

Check One: Surviving Spouse Surviving Child If child, state age_____



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Fallen Officer's Name: _____ Date of Death: _____

Department Name: _____ City: _____ State: _____

Name of College/Technical School: _____

School Address: _____

School Phone: _____ City: _____ Zip Code: _____

Course of Study (i.e. 2 or 4 years degree (major) vocational certificate/license):

Estimated time to completion: _____

Hours enrolled in the semester for which you are applying for this scholarship. _____

If less than 12 hours, explain the reason(s) for part-time status. _____

The estimated cost for the semester you checked above (*do not give yearly costs*).

Tuition: \$ _____ School Fees (amount and explain the fee): _____

Total for this semester: \$ _____

Attach the following documents in the order indicated. *Lack of attachments will constitute an incomplete application.*

C.O.P.S. AZ applicants must attach: 1) ACT/SAT scores; 2) most recent high school/college transcript(s); 3) a letter of 100 words or less to the C.O.P.S. AZ Scholarship Committee including why you want to be a recipient of a C.O.P.S. AZ scholarship, your proposed occupation or profession, and any other abilities you have that were not previously mentioned and (4) a picture to include in the C.O.P.S. AZ publications if awarded (photos will not be returned).



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Optional items to include: 1) list of participation in any school or community organizations; 2) clubs {years of involvement, offices held, any honors or awards}.

MAIL COMPLETED APPLICATION AND ALL ATTACHMENTS TO:

CONCERNS OF POLICE SURVIVORS, ARIZONA CHAPTER (C.O.P.S. AZ)

Attn: Scholarships

3030 N. Central Ave, Suite 610

Phoenix, AZ 85012

NOTE: THE COMPLETED APPLICATION MUST BE RECEIVED ON OR BEFORE THE DATE INDICATED FOR THE SEMESTER FOR WHICH YOU ARE REQUESTING THE SCHOLARSHIP.

Please read the following carefully before signing:

To Concerns of Police Survivors Arizona (C.O.P.S. AZ) – I understand that any scholarship awarded will be paid directly to me and may be expended only for tuition, associated fees, textbooks, room and board charges, parking and electronics needed for undergraduate or graduate coursework. Any unused amount will be returned to C.O.P.S. AZ. I agree to complete the planned course of study for the semester for which this scholarship is awarded.

I understand:

- 1) the C.O.P.S AZ scholarship awards are subject to the availability of funds;
- 2) the C.O.P.S. AZ scholarship committee has sole discretion in determining the allocation of available funds;
- 3) the receipt of a scholarship award does not guarantee any future awards; and
- 4) provided that funds remain available, I am limited to receiving a maximum lifetime award total of \$4,000.



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My spouse or parent served as a law enforcement officer and his/her death meets the government requirement criteria for line-of-duty death. All information contained in this application and attachments is true and accurate to the best of my knowledge.

I understand C.O.P.S. AZ may verify any and all information for the Scholarship Committee and any misrepresentations will result in an immediate rejection of this application. *Incomplete applications will not be considered.*

The C.O.P.S. AZ Scholarship Committee will award grants to eligible applicants on a uniform, non-discriminatory basis, considering academic performance, performance on various tests measuring aptitude for college/technical-level work (if appropriate), community service (optional) and desire for academic success.

C.O.P.S. AZ has permission to publish information about my scholarship award unless noted below.

_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date

By signing below I would not like my scholarship award published in any C.O.P.S. AZ publications.

_____	_____	_____
Printed Name of Applicant	Signature of Applicant	Date