



**NYCPD Veterans Foundation**  
**P.O. Box 1013**  
**Lecanto, FL 34460**

# Scholarship Application

## Personal Information

\_\_\_\_\_  
 First Name                      M.I.                      Last Name                      Social Security Number                      Phone Number  
 \_\_\_\_\_  
 Street Address                      City                      State                      Zip Code  
 Do you live with both parents:  One Parent:  Independent:  Other:  Your Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_ Female: \_\_\_

## Sponsor Information

\_\_\_\_\_  
 First Name                      M.I.                      Last Name                      Social Security Number                      Date of Birth  
 \_\_\_\_\_  
 Date Retired from NYPD: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tax Registry Number: \_\_\_\_\_ Last Command: \_\_\_\_\_

## Education Information

School Presently Attending	School Planning to Attend
School Name: _____ Contact Name: _____ Phone #: _____ Grade Point Average: (weighted) _____ (unweighted) _____ SAT Score: (Math) _____ + (Verbal) _____ = _____ Date of Graduatoin: ____/____/____	School Name: _____ Contact Name: _____ Phone #: _____ Address _____ Date of First Semester: ____/____/____
Financial Information	For Official Use Only
Your Income: \$ _____ Your Parents Income: \$ _____ Total Family Income: \$ _____	Case Number: <input style="width: 100px; height: 20px;" type="text"/> Investigator: _____ Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date: ____/____/____ Reason for Disapproval: _____ Score: _____ Use additional paper if necessary to Complete investigation

## Certification

I certify that to the best of my knowledge, the information provided in this application is the most current and correct. I have completed this application with the understanding that this application and the information provided by me is now the property of the foundation. I further understand that if my financial status should change during the processing of this application, I am duty bound to notify the Foundation at the earliest convenience.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

	Subscribed and sworn to before me this ____ day of _____, 20____ _____ (Seal) My Commission Expires _____
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How did you hear about the NYCPD Veterans Foundation: \_\_\_\_\_

This application shall have a life term of one year. If applicant continues to be in need of further financial assistance for health care, than applicant must resubmit an updated application for each subsequent year thereafter.

# NYCPD Veterans Foundation

## Instruction sheet for the Scholarship Application

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### Personal Information

1. Your Full Name, Your Social Security Number, Your Phone Number
2. Your Street Address, City, State and Zip Code
3. Who do you live with? If other please explain, Your Date of Birth, Your Gender

### Sponsor Information

This portion is to be filled out by the Retired NYPD Officer who is sponsoring your application. The information required is self explanatory to your sponsor and should not present any difficulty.

### Education Information

#### School Presently Attending

1. The name of the High School you are presently attending
2. A contact name at the school and a phone number.
3. Your Grade Point Average (GPA) weighted and unweighted
4. Your State Aptitude Scores (SAT), (FCAT) etc.
5. The date you are planning to graduate.

#### School Planning to Attend

1. The name of the School you are planning to attend
2. A contact name at the school and a phone number.
3. The address of the school
4. What is the starting date of your first semester.

### Financial Information

1. Do you have an income?
2. What is your parents or guardian income?
3. Add both number 1 & 2 and enter the total family income.

### Certification

The application must be signed by you, your parents or guardian, your sponsor and notarized that all the information provided is true, to the best of your knowledge.

### Additional Information

Once you have completed your application send it to: NYCPD Veterans Foundation P.O. Box 1013 Lecanto, FL 34460. Applications must be submitted no later than June 30<sup>th</sup> of this calendar year. You have the right to submit any additional and supporting information you feel maybe helpful, with the understanding that all items submitted become the property of the Foundation and will not be returned. All applications will be graded by the trustees based on scholastic achievement and family necessity. Arrangements for the award will be made through the educational facility and in accordance with their guidelines. If you should need to contact the Foundation you can do so at the above address or send and e-mail to: [info@nycpdvf.org](mailto:info@nycpdvf.org)

There are two (2) scholarships being awarded, one for the highest scoring male and one for the highest scoring female. At present the scholarships being awarded are valued at \$1,000.00 each. It is our goal based on continued donations provided to increase the award until we can attain two (2) \$5,000.00 scholarships.

We greatly appreciate the submission of your application and wish you the best in your continued education.

Thank you