



Riverside Police Officers' Association
1965 Chicago Ave Suite B, Riverside CA 92507
Telephone (951)784-1034 Fax (951) 784-0297

2017 SCHOLARSHIP APPLICATION

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security#: _____ Phone Number: _____

Email Address: _____

Name of Parent (s) or Guardian (s) with whom you are living:

Father: _____ Mother: _____

Guardian(s): _____

Telephone: _____

Name of High School: _____ Year Graduated: _____

GPA: _____ Class Ranking: _____

S.A.T. Scores: Total _____ A.C.T. Scores: Total _____

Date you took/plan to take S.A.T. _____ or Date you took/plan to take A.C.T. _____

List on-campus activities, including length of time involved.

Organization	Time Involved
_____	_____
_____	_____
_____	_____
_____	_____

List awards or honor won: _____

List off-campus activities, including length of time:

Organization	Time Involved
_____	_____
_____	_____
_____	_____

List awards or honors won: _____

College choice: 1. _____ 2. _____

Have you been accepted? Yes _____ No _____

Intended Major: _____ Intended Career: _____

Do you plan to be employed during college? _____ Number of hours per week: _____

Type of work: _____

Are there any other members of the family in or about to enter college?

Name	Name of College
_____	_____
_____	_____
_____	_____

List all scholarships/grants received and amounts: _____

Student: in the space below, write a statement indicating why you feel you are deserving of a financial award (must be completed).

Certification: all of the information on this form is true to the best of my knowledge.

Father's Signature (Guardian)

Mother's Signature (Guardian)

Student Signature

Date