



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

2019 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 honors won:

List off-campus activities, including length of time:

Organization

Time Involved

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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

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