



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

# 2009 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

High School Presently Attending	School Planning to Attend
School Name: _____ Contact Name: _____ Phone #: _____ Grade Point Average: (weighted) _____ (unweighted) _____ SAT Score: (Math) _____ + (Verbal) _____ = _____ Date of Graduation: ____/____/____	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 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 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application Must be Notarized

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_ (Seal)  
 My Commission Expires \_\_\_\_\_

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, than applicant must resubmit an updated application for each subsequent year thereafter.

The Foundation would appreciate a good faith testimonial letter from all who receive awards, although there is no obligation nor will your decision be part of the scoring. If you agree to submitting a letter please check this box if not leave it blank.

Please add your e-mail address: \_\_\_\_\_

**NYCPD Veterans Foundation**  
**Instruction sheet for the**  
**Scholarship Application**

**Eligibility**

The Scholarship Program is open to any and all family members of NYPD Retirees including adopted children. All applicants must be entry level and attending their first year of college. All applications must be completely filled out to the best of ability, signed by applicant, parent/guardian, sponsor and notarized. All applications must be received or post marked on or before June 30th of the current year.

**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? Which includes taxable and non taxable as defined by IRS.
2. What is you parents or guardian income?
3. Any other income
4. Add all and enter that amount in total family income.

**Certification**

The application must be signed by you, your parents or guardian, your sponsor and notarized that all the information provide is true, to the best of you knowledge. If further information is required you may be contacted by one of our Trustees.

**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 30th of this calendar year. You have the right to submit any additional and supporting information you feel may be 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)

In order to encourage the younger family members of NYPD retirees to continue their education on a higher level the Foundation has created a Scholarship Program. This year there will be two (2) \$1,000.00 dollar scholarships awarded to the highest scoring male and female applicant. At present we also offer an Elenore Reed Scholarship for \$1,000.00 dollars. All applicants may apply for both scholarships.

Please check the box for your testimonial letter and also provide us with your e-mail address. (Both of these requests are optional)

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

Thank you