

ROCKINGHAM COUNTY LAW ENFORCEMENT OFFICERS ASSOCIATION
POST OFFICE BOX 361
HAMPTON, NH 03843

SPRING 2017 SCHOLARSHIP APPLICATION GUIDELINES

Please carefully read the guidelines below; incomplete applications will **not** be considered for an award.

If there are any extenuating circumstances we should know about, please attach a separate explanation. Be sure to check all of your facts and figures for accuracy.

We ask that you adhere to the following guidelines when you apply:

- A parent **must be a member** in good standing of the Organization and attended three (3) meetings during the prior calendar year.
- For **non-members**, the Organization will accept applications from students who are full-time residents of Rockingham County **majoring** in Criminal Justice.
- **All** applicants **must** submit a formal resume' of:
 - goals and objectives after college graduation
 - academic honors
 - any extracurricular activities
 - work experience
 - volunteer experience
- Please add anything else you would like the Committee to know about you.
- **All** applicants **must** submit a high school or college transcript.
- High school seniors **must** include a **copy of the acceptance letter** from the institution of higher learning.

It is expected that the student will attend the school cited on the application.

It is understood that the term "academic year" begins with the fall semester of 2017.

Applications **MUST** be postmarked by **March 31st, 2017** and sent to the address above. Any late or incomplete application will not be considered for an award.

The recipients will be notified by April 30th of each year. Scholarships will be presented at the monthly meeting held in July.

APPLICANT INFORMATION

Applicant's Name: _____

Name of parent that is an RCLEOA member: _____

Department/Agency parent affiliated with: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Student lives with: () father () mother () guardian () relative

College or University student is attending: _____

Major or Course of Study: _____

CIRCLE ONE: RESIDENT or COMMUTER

Cost per year: (from Page 4) _____

CIRCLE ONE: freshman sophomore junior senior

TO BE FILLED OUT BY **FIRST** PARENT OR GUARDIAN

Name: _____

Employed? () Yes () No () *Unable to work

Type of employment: _____

*If unable to work please provide a brief explanation: _____

Signature: _____

Date: _____

TO BE FILLED OUT BY **SECOND** PARENT OR GUARDIAN

Name: _____

Employed? () Yes () No () *Unable to work

Type of employment: _____

*If unable to work please provide a brief explanation: _____

Signature: _____

Date: _____

Number of dependents (*include ages*) living in household: _____

Members of family currently attending other schools of learning beyond high school: (*please list name, institution, and expected year of graduation*): _____

FINANCIAL INFORMATION

COLLEGE COSTS

	Resident	Commuter
A. Tuition and General Fees	_____	_____
Books and supplies	_____	_____
Room and Board	_____	__ NA __
Commuting Allowance	__ NA __	_____
Total Estimated Cost	_____	_____

ESTIMATED RECEIPTS

B. Scholarships received	_____
Social Security benefits	_____
Loans	_____
Work study	_____
Veteran's Benefits	_____
Summer Earnings	_____
Funds from Parents	_____
Total Estimated Receipts	_____

APPLICANT'S NEED

C. Total School Costs	_____
Less Total Receipts	_____
NEED	_____

Amount of financial aid parents are able to provide for college year 2017-2018: _____.