

<p>Kentucky Association of Chiefs of Police Scholarship Program</p>
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GENERAL INFORMATION

Six scholarships in the amount of \$500.00 each will be awarded to applicants selected by the KACP Training and Education committee with approval of the Executive Board. The amount awarded to part-time students will be decided by the committee, not to exceed the amount of tuition or \$500.00. The scholarships will be awarded at the annual conference of the KACP which is held in late summer.

Checks will be distributed to the institution upon receipt of a statement or to the student upon presentation of a paid receipt from the college or university. Scholarships may be used for any necessary school expenses such as tuition, books, fees, room & board, etc.

ELIGIBILITY

Applicants must be a resident of Kentucky, majoring in *Criminal Justice, Law Enforcement, or Police Administration*, pursuing an AA, BS, or MS degree. Undergraduate students must be enrolled full-time per university policy, to be eligible. Students in a graduate program or full-time Law Enforcement Officers may be eligible as a part-time student. Preference will be given to students who have declared their degree in the above described fields. Family members of current or retired Law Enforcement Officers will be given preference. Applicants must be of high moral character and must have demonstrated their academic ability. Only students enrolled in Kentucky colleges and universities will be considered. *Families are limited to one (1) scholarship per year.*

APPLICATION DEADLINE

Applications must be submitted to the Kentucky Association of Chiefs of Police, Office of the Executive Director, by June 15, 2017.

All statements and reimbursement requests must be submitted no later than September 15, 2017.

SUPPORTING DOCUMENTS NEEDED FOR APPLICATION

1. \_\_\_\_ Copies of your college transcripts from all colleges attended; to include cumulative GPA.
2. \_\_\_\_ A statement from the applicant explaining why he/she has chosen to pursue a career in Law Enforcement and how the scholarship would be beneficial to his/her success.
3. \_\_\_\_ A photograph suitable for use in Press Releases announcing the scholarship recipients.

Applications shall be submitted to:

James Pendergraff  
Executive Director, KACP  
368 Amon Lisanby Spur Road  
Dawson Springs, KY 42408

Any questions should be directed to the above address or call: 270-871-2040.

Kentucky Association of Chiefs of Police

*SCHOLARSHIP APPLICATION*

SECTION A: STUDENT'S PERSONAL INFORMATION

1. Name \_\_\_\_\_  
Last First Middle

2. Permanent Address \_\_\_\_\_  
Street/Rural Route Apartment Number

\_\_\_\_\_ City State Zip Code

3. SSN \_\_\_\_/\_\_\_\_/\_\_\_\_. 4. State of Legal Residence \_\_\_\_\_

5. DOB \_\_\_\_/\_\_\_\_/\_\_\_\_. 6. Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

7. Marital Status:  Unmarried  Married

8. Student Status:

Freshman  Sophomore  Junior  Senior  5th Year Undergraduate  
 Graduate Student

9. Anticipated date of Graduation: \_\_\_\_\_

10. Anticipated degree to be earned  Associate  Bachelor of Arts/Bachelor of Science  
 Masters

SECTION B: STUDENT'S FINANCIAL INFORMATION

*Do Not Complete If Employed As A Full Time Law Enforcement Officer*

1. Student's (and Spouse) INCOME/RESOURCES for the period of January 1, 2016 to December 31, 2016.

- A. Wages, salaries, tips, etc. (gross - before taxes)  
Do not include Work-Study earnings. \$ \_\_\_\_\_
- B. Spouse's income (same as above) \$ \_\_\_\_\_
- C. Other taxable income (interest, dividends, etc.) \$ \_\_\_\_\_
- D. Social Security Benefits \$ \_\_\_\_\_

- E. **Veterans Administration Benefits** \$ \_\_\_\_\_
- F. **Kentucky Transitional Assistance Program (KTAP)** \$ \_\_\_\_\_
- G. **Other income and/or resources** \$ \_\_\_\_\_
- H. **Total income from all sources** \$ \_\_\_\_\_

SECTION C: DECLARATION

1. **Are you a dependent of your parent or guardian (for tax purposes)?** [ ]YES [ ]NO
2. **Do you have a relative employed in Law Enforcement?** [ ]YES [ ]NO

**If YES, please give Name, Department and Address of the relative:**

Name	Rank/Position	
Name of Department		
City	State	Telephone

3. **What is your relationship to this person?** \_\_\_\_\_

4. **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Spouse Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

5. **To Be Completed By Full-Time Law Enforcement Officers Only:**

Agency: \_\_\_\_\_ Rank / Time in Service \_\_\_\_\_

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

**Supervisor** \_\_\_\_\_