



SCHOLARSHIP APPLICATION

COMPLETE THIS FORM AND MAIL TO:

Oregon Association Chiefs of Police
Attn: Scholarship Chair
1191 Capitol St NE
Salem OR 97301

NAME OF STUDENT: _____
(First, Middle Initial, Last)

ADDRESS: _____
(Mailing Address)

(City, State, Zip)

PHONE NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____ STUDENT ID: _____

NAME OF INSTITUTION: _____

FINANCIAL AID OFFICER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Make sure you have completed each of the following

- I have completed at least 36 college credit hours or 30 semester hours **-OR-** In lieu of 36 college credit hours I have at least 240-hours of service over the last year as a cadet, explorer, or reserve police officer.
- I maintain a grade point average (GPA) of at least 2.5.
- I plan to enter law enforcement or another criminal justice career field.
- I have included the biography as described on the application information sheet.
- I have attached the letter of recommendation as described on the application information sheet.
- I have attached a non-certified transcript to the application.
- I have completed the Media Release Form on the second page of this application.
- Are you a dependent of an OACP Member? Yes No
- Are you a family member of an Oregon Officer Killed in the Line of Duty? Yes No
- Have you previously received this scholarship? Yes No Year(s): _____
- Where did I hear about this scholarship? _____

SIGNATURE OF LOCAL POLICE CHIEF: _____

CHIEF'S PRINTED NAME: _____ AGENCY: _____

Applications must be received by December 31st

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED:		APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
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MEDIA RELEASE FORM

The Oregon Association Chiefs of Police (OACP) often publicizes programs and events that we are involved in that benefit the community. This includes media releases and information posted on the OACP website. In the event that you are selected to receive a scholarship from the OACP, we would like to use your name, the name of the school you are attending, and other descriptive information from your application materials (major, year, goals, etc.). Personal information will remain confidential.

If I am selected for the OACP Scholarship I hereby authorize the OACP to use the following information from my scholarship application in Press Releases and on the OACP Website:

Name Hometown School Major Year Goals GPA Photo

I understand that this releases the OACP from any future claims, as well as from any liability, arising from the use of the above information. I also understand that there will be no financial or other remuneration, either initial or subsequent publication.

NAME OF STUDENT: _____

SIGNATURE OF STUDENT: _____ DATE: _____

IF UNDER 18-YEARS OF AGE

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

NAME OF PARENT/GUARDIAN: _____