FOP Lodge #5 2025 Scholarship Application

Student Information:

Student Name:
Home Address:
Home Address.
Phone Number:
IS-LIBE
Email Address:
High School:
Year in School: Cumulative GPA: High School Address:
High School Phone Number:
Extra-Curricular Activities:

FOP Lodge #5 2025 Scholarship Application

What C	ollege/Univ	versity have y	ou been ac	cepted to?	
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Parent/Guardian Biographical Information:

	Father/Grandfather	Mother/Grandmother	<mark>Guar</mark> dian
Name			
Street Address			
City/State/Zip			/
Phone	Y wind	(the	
District/Unit			
Payroll			
Active/Retired			

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Consent and Media Release Authorization:

By signing this application, I hereby certify to the best of my knowledge, information and belief that the information contained herein is true and correct. I further authorize the FOP Lodge #5 Scholarship Fund to release any information and/or photos in this application for the promotion and dissemination of information about the scholarship, and to list the recipient on the

FOP Lodge #5 website.	IBA
Student's Name (print)	Parent/Guardian Name (print)
Student's Signature	Parent/Guardian Signature
Date	Date
Committee use only.	
Received:	Approved by: