



**ATLANTA BAR FOUNDATION  
POLICE SCHOLARSHIP FUND**

**SCHOLARSHIP APPLICATION**

The Atlanta Bar Foundation Police Scholarship Fund (the “Fund”) provides college scholarships to the children of Atlanta Police Department officers who have been killed or disabled in the line of duty. To apply for a scholarship from the Fund, please review the requirements and information below and fill out the attached application form.

**ELIGIBILITY**

- (1) You must have been the natural or adopted child of an Atlanta Police Department law enforcement officer at the time he or she was killed or disabled in the line of duty.
- (2) You must make your first application for the scholarship before you reach your 25<sup>th</sup> birthday.
- (3) You must be enrolled or accepted for admission at a college, vocational training school or other educational institution approved by the Atlanta Bar Foundation.
- (4) If you have received a scholarship from the Fund in a previous year and are applying for a subsequent scholarship, you must demonstrate academic good standing.
- (5) Completed applications must be received by the Atlanta Bar Foundation by June 30<sup>th</sup> of each year.

**AWARD LIMITS**

Applications will be reviewed and scholarships awarded by the Atlanta Bar Foundation on a year-by-year basis. The availability of scholarships and any amount awarded may vary based on funding in any given year.

A maximum of four scholarships may be awarded to any one applicant; however, an award to an applicant in any one year does not guarantee further awards in subsequent years.

The award, amount and frequency of scholarships are in the sole discretion of the Atlanta Bar Foundation.

**APPLICATION PROCEDURE**

The attached form should be fully completed. After you complete and sign the form, you should send pages 1-4 to the Fund at the address shown below. Page 5 should be delivered by you to the appropriate Financial Aid Officer of the college or school you plan to attend, with the request that the Financial Aid Officer immediately complete the information requested and forward it to the Fund at the following address:

**Atlanta Bar Foundation Police Scholarship Fund  
Peachtree Center - International Tower, Suite 400  
229 Peachtree Street, N.E.  
Atlanta, GA 30303**



Please attach a copy of your most current transcript and a statement from the school that you are/were in good standing.

What school do you plan to attend? \_\_\_\_\_

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Complete Street Address or P. O. Box

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City

State

Zip Code

When do you plan to start? (for instance, Fall Quarter, Spring Semester, etc.):

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Which quarters/semesters will you be attending this school year?

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Expenses

Tuition \_\_\_\_\_  
Each Quarter or Semester

Room & Board \_\_\_\_\_  
Each Quarter or Semester

Book \_\_\_\_\_  
Each Quarter or Semester

Other (Please describe in full detail other expenses such as travel, etc.) \_\_\_\_\_

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Financial Resources

1. Please identify each grant, scholarship or loan. State amount expected, what each will cover (example: tuition, room & board), and number of quarters/semesters it will cover.

<u>Name</u>	<u>Amount</u>	<u>Purpose</u>	<u>Number of Quarters</u>
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2. Will you receive Family Contributions? Yes ( ) No ( )  
If yes, state amount you expect to receive per quarter/semester.

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3. Do you expect to work? Yes ( ) No ( )  
If yes Full-time ( ) Part-time ( )

Have you received a scholarship from the Atlanta Bar Foundation Police Scholarship Fund previously? If so, please attach a current transcript showing your academic good standing.

Name of parent upon which eligibility is based \_\_\_\_\_

Please state basis of eligibility (for example: parent killed in line of duty; disabled in line of duty; other discharge)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If additional space is needed, use separate sheet of paper.

*On an attached sheet of paper*, please state (maximum 500 words) why you are applying for this scholarship and how it might assist you. Please confirm by checkmark (\_\_\_) that your essay is attached.

Name of father (if living): \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

Name of mother (if living): \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

Step-parent (if applicable): \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_

**STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT**

I certify that the information reported in this application for scholarship grant and any attachments submitted herewith is true, correct, and complete to the best of my knowledge.

I authorize use of information on this form by the Atlanta Bar Foundation and/or Atlanta Bar Association in connection with my application and any scholarship award.

I authorize the release and exchange of information between the Atlanta Bar Foundation, Atlanta Bar Association and applicable educational institutions, and I agree that such information exchanged may include financial, enrollment, academic status and such other information as may be necessary to assure proper administration of student scholarship grants, by the Atlanta Bar Foundation, Atlanta Bar Association and institutional program administrators.

I have read the eligibility requirements of this scholarship grant program and agree to the conditions stated herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

