

OREGON PEACE OFFICERS ASSOCIATION
ACADEMIC SCHOLARSHIP APPLICATION

Personal Information

Last Name: _____ First: _____ Middle: _____

Home Address: _____

City, State, Zip Code: _____

County _____

E-Mail: _____

Telephone Number: _____

Date of Birth: _____

OPOA Member Name: _____

Relationship: _____

Address: _____

City, State, Zip Code: _____

Academic Record

High School: _____

Location: _____

High School Cumulative Grade Average: _____ (A=4 B=3 C=2 D=1)

Ranking in Graduating Class: _____ Number in Graduating Class: _____

Name & Address of College-Required (which college you plan to attend):

College GPA (if applicable): _____

Major: _____

Applicant's Signature: _____ Date: _____

For Scholarship Committee Use Only

Date Received: _____ Reviewed: _____ Recommended: _____

OPOA Executive Board Approval: Y N Scholarship Awarded: Y N

OPOA President's Signature: _____