

OREGON PEACE OFFICERS ASSOCIATION
LARRY AND DEBRA STEPHENS ACADEMIC SCHOLARSHIP APPLICATION

Personal Information

Last Name: _____ First: _____ Middle: _____

Home Address: _____

City, State, Zip Code: _____

County _____ Student ID or SS #: _____

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: _____

College and Address (If not currently enrolled, 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: _____