Signal 13 Foundation, Inc. Scholarship Program 732 Deepdene Road P.O. Box 5661 Baltimore, MD 21210-9997 scholarships@signal13foundation.org Phone: 443-442-7576

### **SCHOLARSHIP APPLICATION**

#### Academic Year -

#### **Eligibility Criteria:**

- 1) Applicants must be a legal dependent of an <u>active</u> member of the Baltimore City Police Department.
- 2) Recipients must be enrolled on a full-time basis (<u>12 credits per semester</u>) in an accredited degree-granting program or trade/vocational program.
- 3) Recipients must demonstrate financial need as determined by the Federal Methodology need analysis formula.

#### Procedures (Required):

- 1) Enclose an official high school transcript with the scholarship application. (Must have a 2.5 GPA to apply)
- 2) File the Free Application for Federal Student Aid (FAFSA) as soon after **January 1<sup>st</sup>** as possible.
- 3) Submit the completed scholarship application by **April 15<sup>th</sup>**.
- 4) For graduating high school seniors, final transcripts are due by May 31st.
- 5) Submit a copy of your letter of acceptance from the College/University you plan to attend by **June 6<sup>th</sup>**.
- 6) Final scholarship decisions will be made after July 15<sup>th</sup>, at which time you will be notified.

Student's Name (print):			
Last		First	Middle
Permanent Home Address:			
City, State, Zip:		Telephone:	
Date of Birth:	Last Four of SS#:	E-Mail:	
Race (Optional)	Pref	er Not To Answer	
Currently in what High School	1:		
Currently in College/Universit	y:		_ What Year:
Full name of colleges/universiti	ies to which you plan to apply or h	nave already applied (list in or	rder of preference):
1)			
2)			
3)			
Baltimore City Police Departme	ent Employee's Name (print):		
Relationship to Scholarship Ap	oplicant:		
Last Four of SS#:	Work Phone:	Other Phone:	
Certification Statement: I cer	tify that I am a legal dependent of	f an <u>active</u> member of the Bal-	timore City Police Department.
I have read and understand the	guidelines of the Signal 13 Schol	arship Program.	
Student's Signature:			Date:

## Signal 13 Foundation, Inc. Scholarship Program

# THIS SECTION TO BE COMPLETED BY THE STUDENT AND PARENT AND FORWARDED DIRECTLY TO THE COLLEGE/UNIVERSITY:

Permission is hereby granted to the college/university named below to release need analysis Information from the Free Application for Financial Aid (FAFSA) Student Aid Report.

Name of College/University:		
Student's Name (print):	Signature:	
Student's Last Four of SS#:	D.O.B.:	
Parent's Name (print):	Signature:	
SECTION BELOW TO BE COMPLETED BY T	HE FINANCIAL A	ID OFFICE:
Student Expense Budget	<b>Academic</b>	Year -
Annual Tuition Per Year Fees Room & Board (Resident Students) Living Expenses (Commuter Students) Books & Supplies Transportation Personal/Miscellaneous Total Expenses:  Federal Student Aid Report Need Analysis Results Parents' Annual Contribution per Year Student's Annual Contribution per Year Total Family Annual Contribution per Year:  Grant/Scholarship Aid Awarded (if known) (For what type of financial aid are you applying?) Federal State Institutional Other Total Gift Aid:  Remaining Financial Need	\$	\$\$ \$\$
Signature (Financial Aid Representative):	Dat	e:
Name (Print):		
City/State/Zip:		

Return to: Scholarship Program Administrator

732 Deepdene Road

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**Baltimore, MD 21210-9997** 

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