

NYS LAW ENFORCEMENT OFFICERS UNION, COUNCIL 82 2024 MEMORIAL SCHOLARSHIP APPLICATION

- 1) Applicant's Age: _____
- 2) Applicant's Address: _____

Street City State Zip
- 3) Present High School: _____
- 4) Educational Program Planned: 4 year _____ 2 year _____
- 5) Which recognized college or university do you plan to attend?

- 6) Have you made formal application to that institution? Yes _____ No _____
 If so, have you been accepted? Yes _____ No _____
- 7) What are your ultimate vocational plans? _____
- 8) Father's Occupation: _____
 Mother's Occupation: _____
 Council 82 Local Number under which you are eligible for this scholarship: **Local #** _____
- 9) Total **household** income (before taxes) for the past year: \$ _____
- 10) Answer the following questions concerning yourself only:
 - Have you helped yourself by earning money? Yes _____ No _____
 - How much have you saved in the past 12 months? \$ _____
 - Will you work this summer? Yes _____ No _____
 If no, explain reason why not _____
 - Please specify other sources of financial assistance that you have obtained:

I certify that all information on this application is accurate to the best of my knowledge, and I understand that false information will lead to my disqualification from this program.

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Applicant's Name: (**please PRINT**) _____

Applicant's Signature: _____

Parent/Member's Name: (**please PRINT**) _____

Parent/Member's Signature: _____

Parent/Member's Work Facility: _____