



### APPLICATION FOR EDUCATIONAL ASSISTANCE - LINE OF DUTY SURVIVORS

This form must be filled out completely and notarized. A letter of recommendation from a teacher or guidance counselor, a current photograph, copy of your high school transcripts, and a brief biographical essay must accompany this application.

#### STUDENT INFORMATION

Student Name: \_\_\_\_\_  
*Last Name* *First Name* *MI*

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

#### PARENT/GUARDIAN INFORMATION

Parent/  
Guardian: \_\_\_\_\_  
*Last Name* *First Name* *MI*

Agency: \_\_\_\_\_ Assignment: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

#### EDUCATION INFORMATION

\_\_\_\_\_ Name High School \_\_\_\_\_ County

Current GPA: \_\_\_\_\_ Test scores if available: SAT: \_\_\_\_\_ ACT: \_\_\_\_\_ FCAT: \_\_\_\_\_

List all scholastic honors, honor society, membership, club involvement, office or position held, special recognitions, special activities and volunteer work.

Have you applied to a College/University?  Yes  No Have you been accepted?  Yes  No

Name of College planning to attend: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Explain briefly what your intended major is and why you have chosen this field of study:

## SCHOLARSHIP INFORMATION

Have you applied for financial aid through a scholarship service or at the college/university you plan to attend?  Yes  No

**List any scholarships you have been awarded:**

Scholarship Name	Amount
Scholarship Name	Amount
Scholarship Name	Amount
Scholarship Name	Amount
<b>Total</b>	

### The following documents must be attached to application

Letter of recommendation from a teacher or guidance counselor?	<input type="radio"/> Yes	<input type="radio"/> No
Current picture?	<input type="radio"/> Yes	<input type="radio"/> No
Copy of high school transcript?	<input type="radio"/> Yes	<input type="radio"/> No
Brief biographical essay?	<input type="radio"/> Yes	<input type="radio"/> No

**To the best of my knowledge, all of the information supplied in this application is true and correct.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Applicant Name \_\_\_\_\_

Reviewed by \_\_\_\_\_

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_ (name of affiant). He/she is personally known to me or has produced  
 \_\_\_\_\_ type of identification as identification.

Signature

Print Name of Acknowledger

Notary Seal Number