



Announcement

IDAHO STATE POLICE ASSOCIATION SCHOLARSHIP

Idaho State Police Association Board of Directors have established scholarships to be used at Colleges and Universities throughout the United States to assist academic students who are dependents of the members of this organization. The award for each scholarship will be determined by the Board up to \$500. Application must be submitted to Chapter President no later than January 31st.

ELIGIBILITY CRITERIA:

1. Must be a dependent of a member of the Idaho State Police Association who has been in good standing in the association for a minimum of one year. The definition of dependent is any spouse, child, stepchild or child, under the legal guardianship of an ISPA member.
2. Must be current registered full-time student (*12 credits minimum each semester*). Attach proof of enrollment.
3. Must be a U.S. citizen and an Idaho resident.
4. Must be entering as a collegiate sophomore or higher. First time applicants will be given first preference.
5. Applicants who will be or are receiving full ride athletic or scholastic grants-in-aid cannot apply.
6. Applicants must have a minimum 2.5 accumulated grade point average. Attach copy of transcript.
7. Continuing university or college applicants placed on disciplinary probation prior to receiving the scholarship will forfeit the award.
8. The recipient will be expected to maintain full-time student status for the award period.

Applications are available online at ispaonline.org.



Application

IDAHO STATE POLICE ASSOCIATION SCHOLARSHIP

NOTICE: Attach a headshot photo and a one page essay to this application, outlining your academic goals and objectives and how award of this scholarship will assist you in meeting your future challenges.

Full Name _____ Date of Birth _____

ISPA Association Member Name _____

Your Email Address (if any) _____

Home Phone Number _____ Other Phone Number _____

Current Mailing Address _____

Academic Status for Upcoming Year: _____ Sophomore Junior Senior

Major Field of Study _____

Anticipated College Graduating Date: _____

List any scholarships or grants: _____

Cumulative College GPA _____ Number of Credits _____

Last Semester Attended GPA _____ Number of Credits _____

Will register for the following number of credits (Minimum 12) Fall _____ Spring _____

School currently enrolled at _____

School Scholarship will be used at _____

List special Honors and/or Activities: _____

I declare that the information provided is true and complete and that any false statement may result in cancellation of this award. I understand that if I am granted a scholarship I must enroll for at least 12 credit hours for the entire period of my award, unless otherwise specified. I authorize the Financial Aid Office to release, upon request, information regarding my academic progress to the organization or the individual representing the organization that grants me or may grant me a scholarship.

Applicant's Signature _____ Date _____