## Missouri Peace Officers Foundation

101 West McCarty, Suite 200 Jefferson City, MO 65101 (816) 581-3767 Fax: (816) 581-3768

the.mpoa@mopoa.org

## **2024 SCHOLARSHIP APPLICATION**

Name	Date of Birth
Address	
Cell:	Email:
MPOA Member in your family	
High School/College Activities: Lis honors, music, debate, etc. ( <u>Use</u>	et organizations and offices held, athletic teams/ additional page if necessary)
	Graduation Date
High School & Address	MM/YY
	GPA
Rank in graduating class	Number in graduating class
College NameName	College GPA
Names/address of high schools/co	olleges attended and dates:
	to
	to
	to.

Name of post-high scho	ool institution, college, or university you expect to attend:
What are your career p	lans after completing your college program?
Explain why you need t	his financial assistance. (Continue on separate page if necessary)
What have you done, o	r plan to do, to help finance your college education?
I agree that if granted a regarding my scholast President in order that	ol/college transcript must be attached to be considered.  I scholarship, I will, if requested, make my grades or other factor ic record available to the Missouri Peace Officers Foundation MPOF members who make this scholarship available may know with their investment in me.
	e above statement of information is correct to the best of m
Date	Signature of Applicant
Mail application to:	Missouri Peace Officers Foundation 101 West McCarty, Suite 200 Jefferson City, MO 65101

Application Deadline: March 20, 2024

PLEASE NOTE: You will receive a confirmation email upon receipt of your application.