



SCHOLARSHIP APPLICATION
Family of Officers Killed in the Line of Duty

This scholarship is for the spouse of dependent children of regular members of the Association of Colorado State Patrol Professionals who were killed in the line of duty. If you are eligible for this scholarship please complete this application and mail to the address listed below.

Applicant Name: _____

Address: _____

Phone Number: _____ **Alternate Number:** _____

Date of Birth: _____ **Email Address:** _____

College/University or Trade School Attending: _____

Year in School: _____ **Expected Graduation Date:** _____

Career Choice: _____

Deceased ACSPP Member's Name: _____

Job Title: _____ **Date of Death:** _____

Relationship to Applicant: _____

Upon receipt of the quarter/semester grade report, I will submit a copy to the Colorado State Patrol Family Foundation. I understand that I must maintain at least a 2.0 grade point average.

Signature of Applicant

Date

Please mail completed application to:
Colorado State Patrol Family Foundation
Attention: Scholarship Coordinator
55 Wadsworth Boulevard
Lakewood, CO 80226