**The Matthew Edwards Fraternal Order of Police Lodge #123  
Matthew Edwards Memorial Scholarship**

**Application**

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| Please **print clearly.** | | | | |
| 1. | Last Name: | | First Name: | |
| 2. | Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: | | | |
| 3. | Telephone Number: ( ) | | | |
| 4. | Current High School & City: | | | |
| 5. | Eligibility (select one) | I’m attending a Christian College I’m majoring in Criminal Justice | | |
| 6. | I will be attending the following college in the Fall of 2019: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7. | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA. Your most recent **official** school transcript required. | | | |
| 8. | List your academic honors, awards and membership activities while in high school or college: (attach additional sheet if necessary) | | | |
| 9. | List your community service activities, hobbies, outside interests, and extracurricular activities:  (attach additional sheet if necessary) | | | |
| 10. | Parent/Guardian(s) Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Telephone Number : (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 11. | I affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the college or university of my choice before scholarship funds can be awarded.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant | | | \_\_\_\_\_\_\_Date |