

SERGEANT DAN SULLIVAN MEMORIAL

Date Received

SCHOLARSHIP

WESTPORT POLICE ASSOCIATION

PLEASE PRINT

SECTION I GENERAL INFORMATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ MALE _____ FEMALE _____

PARENTS' / GUARDIANS' NAMES: FATHER _____

MOTHER _____

OCCUPATIONS: FATHER _____

MOTHER _____

BROTHERS/SISTERS : NAMES	AGE	SCHOOL PRESENTLY ATTENDING
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STUDENT WORK RECORD

PLACE OF EMPLOYMENT	DATES	TYPE OF WORK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL ACTIVITIES (clubs, sports social committies, etc.)

NAME OF CLUB	POSITION	YEAR (9 - 12)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
NAME OF SPORT	POSITION (VARSITY OR JR. VARSITY)	YEAR (9 - 12)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY SERVICE

NAME OF ORGANIZATION

TYPE OF SERVICE

YEAR (9 - 12)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ATHLETIC AWARDS

ACADEMIC AWARDS

_____	_____
_____	_____
_____	_____
_____	_____

SECTION II - EDUCATION / FINANCES

What college or school are you planning to attend? _____

What is your intended field of study? _____

What is the approximate cost of tuition, room and board? _____

EFC (Estimated Financial Contribution) from the FAFSA form. _____

Indicate any special circumstances that make it necessary for you to apply for scholarship aide. _____

SECTION III - STATEMENTS / ESSAY

Attach to this application your essay in 300 words to describe your educational / vocational goals and why you have chosen your career path.

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT/GUADIAN _____

DATE _____

PLEASE RETURN THIS COMPLETED FORM BY APRIL 15, 2019 TO WESTPORT POLICE ASSOCIATION P.O. BOX 3051 WESTPORT, MA 02790