

The American Police Hall of Fame & Museum



Family Fund for Paralyzed & Disabled Officers A Nationwide Program of the National Association of Chiefs of Police Educational Scholarship Application



Eligibility & Documentation Required:

- Applicant must be a permanently disabled officer enrolled in the Disabled Police Officers Fund (DPOF) or the son or daughter of that officer.
- Applicant must be enrolled in a minimum of 6 credit hours.
- Applicant must maintain a 2.0 GPA.
- Applicants currently enrolled in college must submit a copy of their most recent college transcript.
- New college students must submit a high school transcript, ACT/SAT scores, and a copy of the acceptance letter from the institution he/she plans to attend.
- There is no deadline for application submission as funds are distributed throughout the year.
- Checks will be mailed to the applicant and made payable to the school.



It is the intent of this program to assist disabled officers and their sons and daughters in pursuing a higher education. Scholarships of \$600.00 per year will be granted to qualified applicants. Maximum funding per applicant is \$2400.00. The number of scholarships issued is subject to the availability of funds. The scholarship funds may be used towards tuition, books, housing, or fees directly associated with educational expenses. Applicant MUST re-apply each year and understands the review and approval of applications may take 30 – 60 days from receipt of proper documentation.

Submit this form and all documentation to:
NACOP Family Fund for Paralyzed &
Disabled Officers
6350 Horizon Drive
Titusville, FL 32780

For more information contact us at:
Phone: (321)264 0911
Fax: (321) 264 0033
E mail: janetc@aphf.org
Website: nacoponline.org

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**Family Fund for Paralyzed & Disabled Officers
Educational Scholarship Application**

Applicant Information

Type or Print Only

Applicant's Name _____ Date of Birth _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____ Phone (_____) _____

Email _____

School Name _____ City/State _____

Course of study _____ GPA _____

- High School Senior Freshman Sophomore Junior Senior VoTech

Please share your academic and professional goals.

Please share any academic honors, awards and school involved activities.

Please share your outside interests and service activities.

Disabled Officer Information

Last Name	First Name	MI
Department/Agency		
Applicant's Relationship to the Officer		
Date of Injury		

If you receive a scholarship, a fellowship grant, or other grant, all or part of the amounts you receive may be tax-free. Scholarships, fellowship grants, and other grants are tax-free if you meet the following conditions:

- You're a candidate for a degree at an educational institution that maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where it carries on its educational activities; and
- The amounts you receive are used to pay for tuition and fees required for enrollment or attendance at the educational institution, or for fees, books, supplies, and equipment required for courses at the educational institution.

I have read and understand all information on the application and affirm that all information submitted is true and accurate to the best of my knowledge. I also agree that the National Association of Chiefs of Police (NACOP) and the American Police Hall of Fame & Museum (APHF) have my permission to use my photo and information regarding my scholarship to promote the scholarship program in their mail and on-line campaigns.

Signature _____ Date _____