

TWIN LAKES RETIRED POLICE OFFICERS SCHOLARSHIP FOUNDATION

The Thomas P. Brennan Scholarship Fund
115 Lake Heights Dr.
Mountain Home, AR 72653

SCHOLARSHIP APPLICATION

NAME: _____
LAST FIRST MI SOCIAL SECURITY #

ADDRESS: _____
STREET ADDRESS

CITY COUNTY STATE ZIP

PHONE NUMBER: _____ DOB: _____

ARE YOU EMPLOYED? Yes No

IF EMPLOYED, WHERE? _____

SCHOOLS ATTENDED:

HIGH SCHOOL: _____ DATES ATTENDED _____

COLLEGE: _____ DATES ATTENDED _____

HIGH SCHOOL GRAD. DATE GPA NO. IN CLASS / CLASS RANK

PARENT/GRANDPARENT, RELATIVE, LAW ENFORCEMENT OFFICER (Your Sponsor)

LAST FIRST MI PHONE

ADDRESS: _____
STREET ADDRESS

CITY COUNTY STATE ZIP

LAW ENFORCEMENT AGENCY ACTIVE RETIRED

LIST YOUR EXPECTED COSTS FOR THE 2019-2020 SCHOOL YEAR. INCLUDE TUITION, ROOM AND BOARD, BOOKS, FEES, ETC.

LIST ALL SCHOLARSHIPS, GRANTS, ETC., THAT YOU HAVE OR WILL APPLY FOR. INCLUDE THE NAME OF THE SCHOLARSHIP OR GRANT, ITS VALUE OR AMOUNT AND THE DATE THAT YOU EXPECT VERIFICATION OF THIS AWARD.

LIST THE NAME OF THE COLLEGE/UNIVERSITY THAT YOU PLAN TO ATTEND.

LIST ANY SCHOOL OR COMMUNITY ACTIVITY OR AWARD YOU HAVE RECEIVED.

STUDENT SIGNATURE