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# THE HOWARD COUNTY POLICE FOUNDATION

# *2024 STUDENT SCHOLARSHIP AWARD APPLICATION*

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| Name: |  | High School |  |
| Home Address: |  | | |
| Home Number: |  | Cell Number: |  |

1. Why should you be considered for The Howard County Police Foundation Scholarship Award?

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1. What are your college plans?

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1. Please list extra-curricular school activities you have participated in.

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1. Please list community activities you have participated in.

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1. Please list awards or recognitions you have received.

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1. What are your hobbies and interests?

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1. Are you the son or daughter of a parent or legal guardian who is a current or former employee of the Howard County Police Department? \_\_\_\_Yes \_\_\_\_\_ No

If yes, name of HCPD employee:

Please include the following with your typed application:

1. A school certified copy of your high school transcript. (sealed and mailed to the address below)
2. Letters verifying participation in extracurricular events or a contact person (name and phone number) of activity coordinator.
3. Up to five testimonials (letters from teachers, coaches, employers, community leaders and newspaper articles)

I have read and understand the criteria for applying for The Howard County Police Foundation Scholarship. I certify that all of the information contained on the application and enclosed required attachments are correct. I also certify that I am either a son/daughter of a parent/guardian of a current or former Howard County Police Department Employee **or** that I am a resident of Howard County.

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| Signature of Student: |  | Date: |  |

This application form and required attachments must be received **by Friday, March 29, 2024.**

The Howard County Police Foundation Scholarship Committee

c/o Roberta Campbell

Howard County Police Department

3410 Court House Drive

Ellicott City, MD 21043