**Fraternal Order of Police Association Scholarship**

For graduating seniors with a parent or legal guardian who is an active or retired Wheeling Police Officer, Ohio County Sheriff’s Deputy or WV State Trooper working in Ohio County. Two scholarships will be awarded. Recipients are eligible for consideration of a one-time renewal upon completion of a renewal application.

**Application Checklist**

**Application Deadline:** February 21, 2020

*Application Guidelines* – Carefully read this page to ensure your application is complete. *Please complete the application as presented. Do not include materials that are not requested.*

**CHECKLIST**

- **Activities Form** – Please use the included form to provide information on Extracurricular Activities, Awards and Honors, Community and Volunteer Activities, and Work Experience. *Do not attach resumes or other similar documents.*

- **Letter of Recommendation** – Ask evaluator to complete form and return to you in a sealed envelope with evaluator’s signature. Include the recommendation with all other application materials. *Parents, immediate family members or school counselors are NOT eligible to write the letter of recommendation.*

- **Academic Certification Form** – Have appropriate school official complete form and return it with other application materials.

- **Personal Essay** – Please attach a personal essay.

**Mailing Address/Office Location:**

CFOV  
1226 Chapline Street  
Wheeling, WV 26003

*applications must be received by February 21*
**Application:** Fraternal Order of Police Association Scholarship

**PERSONAL INFORMATION**

Name:  

Permanent Address:  

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<th>Street or PO Box</th>
<th>City</th>
<th>State</th>
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What county do you live in?  

U.S. Resident?  

Date of Birth:  

Telephone:  

Email:  

Father’s Name:  

Occupation:  

Mother’s Name:  

Occupation:  

*This scholarship is intended to benefit children of law enforcement officers working in jurisdictions listed on the cover page.*

**ACADEMIC INFORMATION**

Name of high school:  

Name of school counselor:  

High School Phone Number:  

**UNIVERSITY INFORMATION**

Name of college/university in which you plan to enroll:  

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<th>Name</th>
<th>City</th>
<th>State</th>
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Have you been accepted?  

Will you be full-time (12 or more credit hours) this fall?  

Anticipated major or area of study:  

Do you plan to live:  

If a West Virginia resident, do you meet the eligibility criteria for the WV Promise Scholarship?  

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<th>Yes</th>
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2
Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

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<th>Extracurricular Activities</th>
<th>Year</th>
<th>Position Held</th>
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<th>Community/Volunteer Activities</th>
<th>Year</th>
<th>Position Held</th>
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<th>Awards and Honors</th>
<th>Year</th>
<th>Comments</th>
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<th>Work Experience</th>
<th>Dates of Employment</th>
<th>Position Held</th>
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Recommendation Letter

Signed and sealed letter must accompany this application.

Name: ______________________________________________________________________________

Relationship: ________________________________________________________________________

When selecting someone to complete your recommendation, select someone who will be thorough in
the review of your character. Select someone who knows you well and will be able to give a candid and
unbiased evaluation. Your recommendation must be completed by someone other than your parents,
immediate family or school counselors.

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving
of the scholarship, being mindful of the intention of this scholarship (child of law enforcement officer).

Personal Essay

Please take the time to prepare a well-developed, well-written, grammatically correct personal essay.
The essay should be no more than two typed pages.

Remember, this scholarship is intended to benefit children of law enforcement officers. Your essay
should demonstrate your understanding of the scholarship’s intention, though pursuit of a career in
law enforcement is not required.

In general, there is no “correct” way to develop and prepare this essay. In writing about something that
matters to you, you will convey a sense of yourself that will provide invaluable information during the
evaluation process.

I, the student, completed this application and certify that all information contained within is correct
and true to the best of my knowledge.

Signature ________________________________ Date ______________________________
Letter of Recommendation Form

Application Deadline: February 21, 2020

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant’s character, school, and community leadership abilities, potential to succeed, and evidence of the student’s strengths and weaknesses should not exceed one page.

*Remember, this scholarship is intended to benefit children of law enforcement officers. Your essay should demonstrate your understanding of the scholarship’s intention, though pursuit of a career in law enforcement is not required.*

I am writing this evaluation on the behalf of ________________________________

Evaluator’s Name: ___________________________________________________________________

Telephone Number: (______) _______ - _______

Relationship to applicant: ___________________________________________________________________

How long have you known the applicant? ______________________________

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.
Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

*High School Applicants*
Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student’s Name: ____________________________________________________________
School: ________________________________________________________________

Current Class Rank: __________  Current Cumulative GPA: __________

**SAT Scores (single test date)**
Date of Test: __________________
Verbal: _______________________
Math: _______________________
Combined: ____________________

**ACT Scores (single test date)**
Date of Test: __________________
English: ______________________
Math: _______________________
Reading: _____________________
Science: _____________________
Composite: ____________________

Person completing this form: ________________________________________________
Title: ____________________________________________________________________
Signature: __________________________________________________________________Date: _____________