

**MAHWAH POLICEMEN'S BENEVOLENT ASSOCIATION #143**  
**SCHOLARSHIP PROGRAM**

**APPLICATION**

(All of the information supplied on these forms will be held in strict confidence)

The Mahwah PBA 143 has established a scholarship program in memory of deceased police officers who have served the Township of Mahwah with honor and dedication. For the year 2008 the award will be made in the amount of \$500.00 to a student who intends to follow a program in Criminal Justice, Law or one of the Social Sciences at an accredited two or four year college. The award is a one time event only.

**ELIGIBILITY**

Any student who is accepted to an accredited two or four year college and plans to follow a course study in Criminal Justice, Law or one of the Social Sciences.

**PAYMENT**

Payment of the grant will be made directly to the student or school designated by the student.

**HOW TO APPLY**

Return the enclosed application form as soon as possible to:

MAHWAH PBA 143  
MEMORIAL SCHOLARSHIP PROGRAM  
221 FRANKLIN TURNPIKE  
MAHWAH, N.J. 07430

Attn: Det. Sgt. Timothy O=Donohue

The application should be typewritten or completed in *BLACK* ink pen.



MAHWAH PBA 143 MEMORIAL SCHOLARSHIP PROGRAM

APPLICATION

1. NAME (last, first, middle initial) \_\_\_\_\_

2. ADDRESS \_\_\_\_\_ 3. GRADUATION YEAR \_\_\_\_\_

4. NAME OF HIGH SCHOOL \_\_\_\_\_

5. DATE OF BIRTH \_\_\_\_\_ 6. TELEPHONE NO. \_\_\_\_\_

7. PARENTS/GUARDIAN NAME \_\_\_\_\_

8. OCCUPATION \_\_\_\_\_

9. NAMES AND AGES OF BROTHERS AND SISTERS:

_____	_____
_____	_____
_____	_____
_____	_____

10. SAT SCORES.....VERBAL \_\_\_\_\_ MATH \_\_\_\_\_

COLLEGE OR OTHER POST HIGH SCHOOL INSTITUTION APPLICANT PLANS TO ATTEND OR CURRENTLY ATTENDS:

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPROXIMATE COST OF TUITION, BOOKS AND FEES-1ST YEAR \$ \_\_\_\_\_

DO YOU PLAN TO ATTEND FULL OR PART TIME? \_\_\_\_\_

ARE YOU APPLYING OR HAVE YOU RECEIVED ANY OTHER SCHOLARSHIP AID?

YES \_\_\_\_\_ SPECIFY \_\_\_\_\_

NO \_\_\_\_\_

LIST HIGH SCHOOL ACTIVITIES AND AWARDS:

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WRITE BRIEFLY YOUR PLANS FOR YOUR COLLEGE PROGRAM:

CERTIFICATION: I do hereby assure the grantor of this scholarship that if I am awarded this scholarship grant, I shall use all of this money to defray my college or school expenses for a college or school program beginning in the academic year immediately following my graduation from high school.

DATE: \_\_\_\_\_ APPLICANTS  
SIGNATURE \_\_\_\_\_

The award may vary at the discretion of the committee, subject to audit or change of school.

MAHWAH PBA 143 MEMORIAL SCHOLARSHIP PROGRAM  
CONFIDENTIAL STATEMENT FROM PARENTS

PARENTS OR GUARDIAN NAME:

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

LOCAL POLICE DEPARTMENT \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

SALARY (to nearest \$500.00) \_\_\_\_\_

OTHER INCOME? \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

DO YOU HAVE A SPECIAL EDUCATION FUND? \_\_\_\_\_

NUMBER OF DEPENDENTS: \_\_\_\_\_

DO YOU HAVE ANY OTHER CHILDREN IN COLLEGE? \_\_\_\_\_ SPECIFY: \_\_\_\_\_

\_\_\_\_\_  
ADDITIONAL INFORMATION (Unusual Expenses-etc.):

CERTIFICATION: I do hereby assure the grantor of this scholarship that if my child (or ward) who has applied for this scholarship grant through this application form should be awarded this scholarship grant, my child (or ward) shall use all of this money to defray his or her college or school expenses for a college or school program beginning in the academic year immediately following the granting of this scholarship.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NOTE: Support of Financial Information may be required of finalists. To be done by providing a copy of your most recent Tax Return.