# SAN ANTONIO CHAPTER 2024 SCHOLARSHIP APPLICATION

**(Type or print neatly)**

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| **NAME:** |  |  |  |
|  | **Last** | **First** | **Middle** |
|  |  |  |  |  |
| **SOCIAL SECURITY NUMBER:** |  |
|  |  |  |  |
| **ADDRESS:** |  |
|  | **Number and Street** |
|  |  |  |
|  **City** | **State** | **Zip Code** |
|  |  |
| **Home Phone** | **Cell/Other Phone** |
|  |  |  |
| **BIRTH DATE:** |  |  |
|  | **Month / Day / Year** |  |
|  |  |  |  |  |
| **DATE OF HIGH SCHOOL GRADUATION:** |  |
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| **NAME OF HIGH SCHOOL:** |  |
| (Attach official transcript, not applicable if registered/accepted to a College or employed by law enforcement.) |
| **ADDRESS:**  |  |
|  **Number and Street** |
|  |  |  |
|  **City** | **State** | **Zip Code** |
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| **CLASS LEVEL/GRADE:** |  |  |  |
|  | **High School:** |  |
|  | **College:** |  |
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| **ACADEMIC MAJOR:** |  |
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| **EXPECTED DATE OF COLLEGE GRADUATION:** |  |
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| **NAME OF COLLEGE/UNIVERSITY:** |  |
| **UNDERGRADUATE** |
| (Attach proof of registration or letter of acceptance or current official transcript) |
| **ADDRESS:**  |  |
|  **Number and Street** |
|  |
|  **City** | **State** | **Zip Code** |
| **NAME OF COLLEGE/UNIVERSITY:** |  |
| **GRADUATE**  |
| (Attach proof of registration or letter of acceptance or current official transcript)  |
| **ADDRESS:**  |  |
|  **Number and Street** |
|   |
|  **City State Zip Code** |

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| **REGISTRAR CONTACT:**  |  |  |  |
|  **Name** |  **Phone** |
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| **CURRENT GPA:** |  |  |
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| **ACADEMIC MAJOR:**  |  |  |
|  |  |
| **NUMBER OF HOURS COMPLETED:**  |  |  |

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| **EXTRACURRICULAR INVOLVEMENT:** Include organization/club memberships, elected offices and activities from high school, college, community and volunteer organizations. Attach any copies of letters and/or certificates. Attach additional page if necessary. |
| **HIGH SCHOOL:** |  |
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| **COLLEGE/UNIVERSITY:** |  |
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| COMMUNITY/VOLUNTEER: |  |
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| **HONORS AND AWARDS**: Include special awards, prizes, scholarships and recognition. List the school or organization that granted the award. Attach copies of any letters or certificates. Add additional page if necessary. |
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| **EMPLOYMENT HISTORY:** Include job information for your past two jobs. List most recent or current job first. Include proof of your current employment. (Not applicable if currently employed by a law enforcement agency.) |
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| **Name of Firm:** | **City/State:** |
| **Dates Employed:**  |
| **Duties:** |
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| **Name of Firm:** | **City/State:** |
| **Dates Employed:**  |
| **Duties:** |
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| **REFERRING HAPCOA SA MEMBER:**  |  |

**(If self, indicate “self”)**

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| **Have you ever received a Scholarship from HAPCOA – San Antonio Chapter?** |
| **□ YES □ NO** |
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| **ESSAY:** Tell us about yourself. Tell us about career goals. You may address all or some of these topics: academic, career, life goals, importance of education, financial need, achievements, and any other information you would like us to know. ***Limit your essay to one page and attach to this application.*** |
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| **CERTIFICATION:** I certify that all information I have provided on this application is true to the best of my knowledge. |
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| I authorize the Hispanic American Police Command Officers Association (HAPCOA) San Antonio Chapter to publicize my scholarship award and photograph if I am a recipient. |
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| I understand any monies awarded will be paid directly to the institution named in this application.  |
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| Applicant Signature | Date |
|  |
| ALL APPLICATIONS MUST BE POSTMARKED OR  E-MAILED BY FRIDAY, AUGUST 16, 2024. |
| **E-mail Applications and support documentation to:**  Don@hapcoasa.com  **OR** |
| **Mail applications and supporting documentation to:**  HAPCOA – San Antonio Chapter 2024 SCHOLARSHIP COMMITTEE P.O. BOX 831544 SAN ANTONIO, TX 78283-1544 |
| Only applications that are fully completed will be accepted. Proof of college registration or acceptance and GPA must be attached. Attach copies of letters or certificates that will verify extracurricular involvement, honors and awards.  |