



Rockland County Police Hispanic Society

P.O. Box 213

New City, New York 10956

www.rcphs.org

2019 SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

(PLEASE PRINT)

Name: _____
Last First Initial

Address _____ Home Phone () _____

_____ Cell Phone () _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Email address: _____

Mother's Maiden Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Hobbies: _____

EDUCATIONAL INFORMATION

School Name: _____ School Average &
Course of Study: _____

Extra Curricular Activities: _____

College You Will Be Attending: _____

Professional or Career Goals: _____

THE FOLLOWING INFORMATION MUST BE SUBMITTED ALONG WITH YOUR APPLICATION:

1. Letter of recommendation from one teacher.
2. Letter of personal recommendation from someone outside your school not related to you.
3. Scholastic evaluation (transcript) to be obtained from school.
4. An Essay of 250 words or less describing your achievements in high school, and why you have chosen to enter the **Police Science, Criminal Justice or related field.**
5. Scholarship to a graduating Senior of Hispanic Decent (at least one parent must be of Hispanic Decent).



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NOTE: This application **MUST BE COMPLETED FULLY** for consideration.

A reviewing officer(s) will interview all applicants.

FILING DEADLINE IS MARCH 29, 2019. Interviews will be held on April 16 & 17, 2019.

IMPORTANT

Our scholarship grant is always sent directly to the institution where the applicant has been accepted and registered to attend. The award will not be forwarded until the applicant's acceptance to an institution has been confirmed. It is the responsibility of the applicant to notify the R.C.P.H.S. Scholarship **FUND Committee** by September 15; that said applicant must have been accepted into an institution.

Scholarship winner must attend the scholarship award night.

_____ Date

_____ Signature of Applicant

_____ Signature of Parent/Guardian

FOR POLICE HISPANIC SOCIETY USE ONLY

Arrange Interview: Yes _____ No _____ Date: _____

Remarks: _____

_____ Reviewing Officer

_____ Reviewing Officer

_____ Date

_____ Date