

Wyoming FOP



JIM LEIN MEMORIAL SCHOLARSHIP PROGRAM

APPLICATIONS FOR THE WYOMING FRATERNAL ORDER OF POLICE STATE LODGE SCHOLARSHIPS MUST BE RECEIVED BETWEEN JANUARY 15TH AND MARCH 15TH OF EACH YEAR. SCHOLARSHIPS WILL BE AWARDED BY MAY 1ST OF THAT SAME YEAR.

ELIGIBILITY IS OPEN TO CHILDREN OF WYOMING FOP MEMBERS, IN ACTIVE OR RETIRED STATUS, THAT ARE 22 YEARS OF AGE OR YOUNGER ON MAY 1ST OF THE YEAR THEY APPLY. THE PARENT OF THE APPLICANT, MUST BE IN GOOD STANDING WITH THEIR LOCAL LODGE AT THE TIME OF APPLICATION SUBMISSION. CHILDREN OF DECEASED WYOMING FOP MEMBERS THAT WERE IN GOOD STANDING AT THE TIME OF THEIR DEATH, ARE ALSO ELIGIBLE, WITH THE SAME AGE RESTRICTIONS AS THE OTHER SCHOLARSHIP CANDIDATES. CANDIDATES ARE NOT REQUIRED TO PURSUE A SPECIFIC FIELD OF STUDY TO BE ELIGIBLE.

IN SELECTING THE RECIPIENTS OF THE SCHOLARSHIPS, CONSIDERATION WILL BE GIVEN TO THE CANDIDATES GRADES, HONORS, PARTICIPATION IN SCHOOL AND COMMUNITY ACTIVITIES AND OF THE LENGTH OF MEMBERSHIP IN THE WYOMING FOP, BY THE CANDIDATE'S PARENT OR PARENTS.

APPLICATIONS MUST INCULDE A COPY OF THE APPLICANT'S MOST RECENT SCHOOL TRANSCRIPTS.

MAIL COMPLETED APPLICATIONS TO:

WYOMING FOP STATE LODGE
11070 Orchard Drive
Cheyenne, WY 82009



WYOMING FOP – JIM LEIN MEMORIAL SCHOLARSHIP PROGRAM

NAME IN FULL _____
First Middle Last

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO. (____) _____ DATE OF BIRTH ____/____/____ SSN ____-____-____

FATHER'S NAME _____ LIVING _____

MOTHER'S NAME _____ LIVING _____

PARENT FOP MEMBER YES ____ WHO _____

FOP MEMBER NO. _____ FOP LODGE NAME _____ NO. _____

LODGE ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

LODGE PHONE NO. _____

SIGNATURE _____ DATE _____

PLEASE ATTACH A RECENT PHOTO



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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