VALLEJO POLICE OFFICERS’ ASSOCIATION
ANNUAL SCHOLARSHIP AWARD

Application

Name: _____________________________________________________

Address:  

____________________________________________________________________

____________________________________________________________________

Birth date: _________________ Telephone: ________________________

E-mail address: ______________________________________________

Are you related to a member of the VPOA? ______

If yes, please give their name and relationship: ______________________

Name of current school: ________________________________________

Grade point average:___________

Name of college/university you plan to attend:________________________

Anticipated college major:_____________________________ Accepted? _____

Are you presently employed? _____ If so, where?____________________

Extra curricular activities:_______________________________________

How did you hear about this scholarship? __________________________

Signature:___________________________________ Date: ___________