

Signal 13 Foundation, Inc.
Scholarship Program
732 Deepdene Road
P.O. Box 5661

Baltimore, MD 21210-9997
scholarships@signal13foundation.org
Phone: 443-442-7576

SCHOLARSHIP APPLICATION Academic Year -

Eligibility Criteria:

- 1) Applicants must be a legal dependent of an **active** member of the Baltimore City Police Department.
- 2) Recipients must be enrolled on a full-time basis (**12 credits per semester**) in an accredited degree-granting program or trade/vocational program.
- 3) Recipients must demonstrate financial need as determined by the Federal Methodology need analysis formula.

Procedures (Required):

- 1) Enclose an official high school transcript with the scholarship application. (**Must have a 2.5 GPA to apply**)
- 2) File the Free Application for Federal Student Aid (FAFSA) as soon after **January 1st** as possible.
- 3) Submit the completed scholarship application by **April 15th**.
- 4) For graduating high school seniors, final transcripts are due by **May 31st**.
- 5) Submit a copy of your letter of acceptance from the College/University you plan to attend by **June 6th**.
- 6) Final scholarship decisions will be made after **July 15th**, at which time you will be notified.

Student's Name (print): _____
Last First Middle

Permanent Home Address: _____

City, State, Zip: _____ Telephone: _____

Date of Birth: _____ SS#: _____ E-Mail: _____

Currently in what High School: _____

Currently in College/University: _____ What Year: _____

Full name of colleges/universities to which you plan to apply or have already applied (list in order of preference):

- 1) _____
- 2) _____
- 3) _____

Baltimore City Police Department Employee's Name (print): _____

Relationship to Scholarship Applicant: _____

Rank/EOD: _____ Assignment: _____

SS#: _____ Work Phone: _____ Other Phone: _____

Certification Statement: I certify that I am a legal dependent of an **active** member of the Baltimore City Police Department. I have read and understand the guidelines of the Signal 13 Scholarship Program.

Student's Signature: _____ Date: _____

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**THIS SECTION TO BE COMPLETED BY THE STUDENT AND PARENT
AND FORWARDED DIRECTLY TO THE COLLEGE/UNIVERSITY:**

Permission is hereby granted to the college/university named below to release need analysis Information from the Free Application for Financial Aid (FAFSA) Student Aid Report.

Name of College/University: _____

Student's Name (print): _____ Signature: _____

Student's Social Security No.: _____ D.O.B.: _____

Parent's Name (print): _____ Signature: _____

SECTION BELOW TO BE COMPLETED BY THE FINANCIAL AID OFFICE:

Student Expense Budget

Academic Year -

Annual Tuition Per Year

\$ _____

Fees _____

Room & Board (Resident Students) _____

Living Expenses (Commuter Students) _____

Books & Supplies _____

Transportation _____

Personal/Miscellaneous _____

Total Expenses: \$ _____

Federal Student Aid Report Need Analysis Results

Parents' Annual Contribution per Year \$ _____

Student's Annual Contribution per Year \$ _____

Total Family Annual Contribution per Year: \$ _____

Grant/Scholarship Aid Awarded (if known)

(For what type of financial aid are you applying?)

Federal \$ _____

State _____

Institutional _____

Other _____

Total Gift Aid: \$ _____

Remaining Financial Need \$ _____

Signature (*Financial Aid Representative*): _____ Date: _____

Name (Print): _____ Title: _____

City/State/Zip: _____

Return to: Scholarship Program Administrator

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(443) 442-7576 or e-mail scholarships@signal13foundation.org