

CONNECTICUT ASSOCIATION OF WOMEN POLICE
SCHOLARSHIP APPLICATION

STUDENT NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

TELEPHONE NUMBER: _____

HIGH SCHOOL NAME: _____

HIGH SCHOOL TELEPHONE NUMBER: _____

DATE OF GRADUATION: _____ CLASS RANK: _____

COLLEGE/UNIVERSITY: _____

CURRICULUM: _____

ENROLLMENT: FULL TIME: _____ PART TIME: _____

FATHER'S NAME: _____

FATHER'S OCCUPATION: _____

MOTHER'S NAME: _____

MOTHER'S OCCUPATION: _____

ARE ANY OF YOUR RELATIVES C.A.W.P. MEMBERS: YES: _____ NO: _____

(PLEASE INCLUDE THEIR NAME(S) AND AGENCY _____

SPECIAL CIRCUMSTANCES/HARDSHIPS:

(PLEASE EXPLAIN DETAILS) _____

LIST OF OTHER SCHOLARSHIPS WHICH YOU HAVE RECEIVED: _____

EXTRA CURRICULAR ACTIVITIES: LIST ACTIVITY AND NUMBER OF YEARS OF PARTICIPATION: _____

SPECIAL AWARDS AND HONORS RECEIVED: _____

WORK EXPERIENCE: LIST ALL, PAID OR VOLUNTEER: _____

CLUBS OR SPECIAL INTEREST GROUPS TO WHICH YOU BELONG:

ESSAY: ON A SEPARATE SHEET OF PAPER, TELL US ABOUT YOUR PERSONAL GOALS AND WHY YOU SHOULD BE SELECTED FOR THIS SCHOLARSHIP (200-250 WORDS, PLEASE PRINT OR TYPE).

TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____