



GREATER CLEVELAND PEACE OFFICERS MEMORIAL SOCIETY

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PETER LAWER MEMORIAL SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: _____

CELL PHONE: _____

OTHER PHONE: _____

E-MAIL: _____

SCHOOL ATTENDING: _____

DATES ATTENDING: _____

PROOF OF ENROLLMENT SUCH AS A SCHOOL'S LETTER OF ACCEPTANCE, TRANSCRIPTS, OR CURRENT CLASS SCHEDULE MUST ACCOMPANY THIS APPLICATION.

APPLICANT MUST BE A BONA FIDE PEACE OFFICER OR A STUDENT MAJORING IN LAW ENFORCEMENT/CRIMINAL JUSTICE.

APPLICATIONS MUST BE RECEIVED BY THE FIRST OF MARCH EACH YEAR IN ORDER FOR IT TO BE ELIGIBLE FOR SELECTION IN THE SAME CALENDAR YEAR.

RECOMMENDATIONS FOR SCHOLARSHIP WILL BE SUBMITTED BY SCHOLARSHIP CHAIR, JIM WHEELER TO THE GCPOMS EXECUTIVE BOARD AT THE MARCH MONTHLY MEETING.

FOR FURTHER INFORMATION REGARDING THE SCHOLARSHIP CONTACT THE COMMITTEE CHAIR, JIM WHEELER BY E-MAIL AT: wheeler40@roadrunner.com OR AT 440-346-5785.

I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I HEREBY CONSENT TO THE RELEASE OF THIS INFORMATION CONCERNING MY APPLICATION TO OFFICERS AND COMMITTEE MEMBERS OF THE GREATER CLEVELAND PEACE OFFICERS MEMORIAL SOCIETY FOR VERIFICATION AND PUBLICITY PURPOSES.

I HAVE ALSO READ AND UNDERSTAND THE ADDENDUM LOCATED ON THE REVERSE SIDE OF THIS APPLICATION:

APPLICANTS SIGNATURE: _____

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