



APPLICANT:

Attached is a three page application form for the Gary Stymiloski Scholarship.

- You must complete all three pages of the application and submit it no later than March 1st, of each year.
- You must submit a **CERTIFIED** copy of your High School grades for the **LAST HALF OF YOUR JUNIOR YEAR AND THE FIRST HALF OF SENIOR YEAR.**

ELIGIBILITY:

The committee agreed that there should be a scholarship program for the children of active and retired members in good standing of the Westchester County Police Officers Benevolent Association. Such children would be defined as natural, adopted, or legal dependents of the member in good standing. Eligible students must be:

- In their final year of High School.
- Maintain a minimum average of 80 during last ½ of junior year through first ½ of senior year of High School.
- Graduating at the conclusion of the school year.
- Intending to enroll as a full time student at an accredited college or university, matriculating toward an associate or baccalaureate degree.



APPLICATION FOR SCHOLARSHIP AWARD

(PLEASE PRINT CLEARLY)

NOMINEE NAME _____ AGE _____ DOB _____

HOME ADDRESS _____

HOME TELEPHONE # _____ SOCIAL SECURITY # _____

STUDENT CELL # _____ STUDENT EMAIL _____

HIGH SCHOOL ATTENDED _____

HIGH SCHOOL TELEPHONE # _____

AVERAGE GRADE IN HIGH SCHOOL _____ STANDING IN CLASS _____

COLLEGE PLANNING TO ATTEND _____

ADDRESS OF COLLEGE _____

INTENDED COLLEGE TELEPHONE # _____

PARENT'S NAMES _____

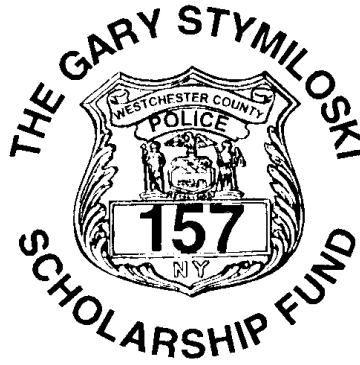
GRANTS AND/OR SCHOLARSHIPS APPLIED FOR _____

OTHER GRANTS/SCHOLARSHIPS RECEIVED OR WILL RECEIVE _____

LIST SCHOOL AND NON-SCHOOL ACTIVITIES (ON PAGE 3)

LIST ACADEMIC ACHIEVEMENTS (ON PAGE 3)

SUBMITTED BY _____ DATE _____



Terms: IT IS THE UNDERSTANDING THAT IF THIS AWARD IS GRANTED IT WILL BE FORWARDED TO THE COLLEGE LISTED ABOVE. IN THE EVENT THAT THE STUDENT NAMED ABOVE DECIDES NOT TO GO OR CONTINUE IN THE COLLEGE OF CHOICE THE COLLEGE WILL BE INSTRUCTED TO RETURN THE AWARD TO THE "GARY STYMILOSKI SCHOLARSHIP FUND".

(PAGE ONE)

APPLICATION FOR SCHOLARSHIP AWARD

(PLEASE PRINT CLEARLY)

I HEREBY CERTIFY THAT ALL STATEMENTS ARE TRUE AND I AGREE TO ABOVE TERMS

NOMINEE SIGNATURE

DATE

PARENT SIGNATURE

DATE

DEADLINE FOR FILING SCHOLARSHIP APPLICATION IS MARCH 1st OF EACH YEAR

- *A COPY OF YOUR HIGH SCHOOL GRADES MUST BE SUBMITTED WITH APPLICATION*
 - *GRADES SUBMITTED MUST BE FOR LAST HALF OF JUNIOR YEAR AND FIRST HALF OF SENIOR YEAR*
- *ALL COMPLETED APPLICATIONS AND GRADE TRANSCRIPTS SHOULD BE SUBMITTED IN PERSON TO THE WESTCHESTER COUNTY DEPARTMENT OF PUBLIC SAFETY POLICE OFFICERS BELEVOLANT ASSOCIATION OFFICE ATTENTION: GSSF CHAIRMAN.*
- *IF MAILING YOUR APPLICATIONS PLEASE SEND VIA CERTIFIED MAIL WITH RETURN RECEIPT REQUESTED TO:*

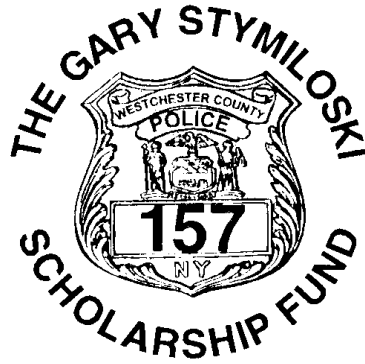
***THE GARY STYMILOSKI SCHOLARSHIP FUND
C/O PBA OFFICE
WESTCHESTER COUNTY POLICE HEADQUARTERS
1 SAW MILL RIVER PARKWAY
HAWTHORNE, NY 10532***

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED _____

RECEIVED BY _____

BOARD REVIEW DATE _____ REVIEW RESULTS _____



AMOUNT OF AWARD TO BE GRANTED _____

(PAGE TWO)

APPLICATION FOR SCHOLARSHIP AWARD

(PLEASE PRINT CLEARLY)

ACTIVITIES:

ACADEMIC ACHIEVEMENTS:

OTHER:

(PAGE THREE)