

# CHIEFS OF POLICE SECRETARIES ASSOCIATION 2017 SCHOLARSHIP

A Chiefs of Police Secretaries Association (COPSA) Scholarship in the amount of \$500 will be awarded in June, 2017. This one-time award will be given to a high school senior or anyone possessing a GED from any Rhode Island high school – public, private, or parochial; **accepted in a business program and have a good scholastic average.**

This Scholarship must be utilized during the school year it is awarded. Payment will be made in the name of the recipient directly to the school.

## **SELECTION CRITERIA:**

Scholarship selection criteria includes:

- Academic achievement and potential
- Community /volunteer activities
- School activities
- Leadership
- Awards/honors
- Financial need
- Scholarship and character recommendations

Application must be postmarked by **Monday, May 15, 2017.**

**Send completed forms, letters, and transcript to:**

**COPSA Scholarship Committee**  
**ATTN: Lori Anderson**  
**Johnston Police Department**  
**1651 Atwood Avenue**  
**Johnston, RI 02919**  
**Email: [Landerson656@yahoo.com](mailto:Landerson656@yahoo.com)**

For further information contact one of the following COPSA Scholarship Committee members:

Patricia Tweedie  
Cumberland Police Department  
1380 Diamond Hill road  
Cumberland, RI 02864  
Phone: 401-333-2500  
Email: [ptweedie@cumberlandpolice.com](mailto:ptweedie@cumberlandpolice.com)

Ginnie Bowry, RETIRED  
Department of Public Safety  
Bryant University  
Email: [gbowry@gmail.com](mailto:gbowry@gmail.com)

Lisa DiSciullo  
Smithfield Police Department  
215 Pleasant View Avenue  
Smithfield, RI 02917  
Phone: 401-231-2500 x-114  
Email: [lisa@smithfielddpd.com](mailto:lisa@smithfielddpd.com)

Lori Anderson  
Johnston Police Department  
1651 Atwood Avenue  
Johnston, RI 02919  
Phone: 231-4210 x-4016  
Email: [Landerson656@yahoo.com](mailto:Landerson656@yahoo.com)

**CHIEFS OF POLICE SECRETARIES ASSOCIATION 2017 SCHOLARSHIP APPLICATION**

Scholarship and character recommendations are required. Two letters should accompany this application – one recommendation from school and one from an individual NOT related to the applicant or affiliated with the school. Completed application and letter of recommendation from non-related individual should be submitted to school for letter of recommendation from school official, an official transcript, and student’s rank in class. The completed application package should then be forwarded directly from the school to the Scholarship Committee.

LETTERS AND TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE REVIEWED BY THE COMMITTEE.

(PLEASE PRINT OR TYPE)

NAME IN FULL: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

FATHER’S NAME: \_\_\_\_\_ LIVING? \_\_\_\_\_

ADDRESS IF DIFFERENT FROM APPLICANT’S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

MOTHER’S NAME: \_\_\_\_\_ LIVING? \_\_\_\_\_

ADDRESS IF DIFFERENT FROM APPLICANT’S ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PARENTS’ COMBINED SALARY RANGE:

\_\_\_ UNDER \$20,000 \_\_\_ \$20,000-30,000 \_\_\_ \$30,000-40,000 \_\_\_ \$40,000+

GUARDIAN’S NAME AND ADDRESS (IF OTHER THAN ABOVE): \_\_\_\_\_

**COPSA 2017 SCHOLARSHIP APPLICATION CONTINUED**

**SIBLINGS:**

NAMES	AGES	OCCUPATION/SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If siblings are attending post-secondary school, list financial awards/aid and amounts if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL SIZE OF HOUSEHOLD \_\_\_\_\_

Names of colleges to which you have applied, in order of preference:

1. \_\_\_\_\_ Accepted: Yes \_\_\_ No \_\_\_
2. \_\_\_\_\_ Accepted: Yes \_\_\_ No \_\_\_
3. \_\_\_\_\_ Accepted: Yes \_\_\_ No \_\_\_

Which school do you plan to attend? \_\_\_\_\_

Course you intend to pursue \_\_\_\_\_

Length of course: \_\_\_\_\_

Have you applied for other scholarships? Yes \_\_\_ No \_\_\_. If yes, Awarded? Yes \_\_\_ No \_\_\_.

Participation in extracurricular school and community activities, offices held, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COPSA 2017 SCHOLARSHIP APPLICATION CONTINUED**

Other hobbies and strong interests:

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If you are related to a member of the Chiefs of Police Secretaries Association (COPSA), please state name and relationship:

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Attach a letter written by you listing your post-secondary goals and explain the reasons for your choice.

CERTIFICATION: I certify that all of the information on this form is true and complete to the best of my knowledge.

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APPLICANT'S SIGNATURE

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DATE

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PARENT'S/GUARDIAN'S SIGNATURE

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DATE

The Chiefs of Police Secretaries Association and the Scholarship Committee will not discriminate on the basis of color, sex, creed, religion or national origin, in accordance with Title IX.