



2025 SCHOLARSHIP APPLICATION

DEADLINE - **JULY 18, 2025@4pm**

HARRIS COUNTY DEPUTIES' ORGANIZATION

FRATERNAL ORDER OF POLICE Lodge 39

3130 North Fwy

Houston, Texas 77009

TEL: (713) 659-0005

Email: info@hcdo.com

Website: www.hcdo.com

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

HCDO FOP 39 Scholarship Award Application

Instructions:

- 1) Please submit this completed form along with all attachments to the **HCDO FOP** office by email to info@hcdo.com by the stated date and time printed above.
- 2) Applicants must attach a current High School or College Transcript as well as Verification of Enrollment, (VOE) for the upcoming Fall Semester. **Any Application without all attachments will be invalid and not considered for a Scholarship.**
- 3) Dependent of a Member is defined as Son, Daughter, Stepson, Stepdaughter or Grandchild of the Sponsoring Member in Good Standing.
- 4) It is at the **discretion** of board members of the **Assist the Deputy Foundation** as to the funding of any request along with the ability of the **Assist the Deputy Foundation** to finance any request.
- 5) By submitting this application, the **Scholarship Recipient** or the **Sponsoring Member** agree that if awarded a Scholarship one or both shall attend the August Stated monthly meeting on **August 12, 2025, at 7:00 pm** for a small presentation ceremony.
Please contact the **HCDO FOP** office with any questions.

Name: _____ Date: _____

Address: _____ City _____ Zip: _____

Contact Number: _____ Email: _____

Current GPA: _____ **(3.0 or Higher is required to apply)**

Are you or a family member a member of HCDO? ☐ YES ☐ NO

Sponsoring Member: _____ Relationship: _____

Have you received a scholarship from HCDO FOP 39 before? YES ☐ NO ☐

Please answer the following questions and limit all answers to a single page:

- 1. What school and program will you be attending?**
- 2. Have you been accepted into this program? If not, please explain.**
- 3. How will this scholarship help you in your future goals?**
- 4. Please list any community service you have completed.**

Disclaimer: By submitting this application, the sponsoring member and the applicant agree that they have read and understood the criteria for application as listed on the website

www.hcdo.com

Office use only: Date received: _____ Requirements met: _____ Initial: _____ Awarded: _____