



2024 SCHOLARSHIP APPLICATION

DEADLINE - **JULY 28, 2024@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

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 meetings on **August 6, 2024, at 7:00 pm** for a small presentation ceremony.
- 6) 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: _____