



SAN ANTONIO BLACK POLICE OFFICERS' COALITION BENEFIT FUND

SCHOLARSHIP APPLICATION

_____ NAME	_____ DATE
_____ ADDRESS: CITY, STATE, & ZIP CODE	
_____ TELEPHONE	_____ SOCIAL SECURITY #
_____ NAME OF HIGH SCHOOL	_____ HIGH SCHOOL ADDRESS
_____ MOTHER'S / GUARDIAN'S NAME	_____ EMPLOYER / OCCUPATION
_____ MOTHER'S / GUARDIAN'S ADDRESS	_____ MOTHER'S / GUARDIAN'S PHONE #
_____ FATHER'S / GUARDIAN'S NAME	_____ EMPLOYER / OCCUPATION
_____ FATHER'S / GUARDIAN'S ADDRESS	_____ FATHER'S / GUARDIAN'S PHONE #

Number of dependents in household _____

List extra curricular activities and honors during high school years: (School, Church, Community, others – Attach sheet or sheets as needed):

<u>YEAR</u>	<u>ORGANIZATION</u>	<u>LOCATION</u>	<u>ACTIVITY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List community service activities (You may attach sheet or sheets as needed):

<u>YEAR</u>	<u>ORGANIZATION</u>	<u>LOCATION</u>	<u>ACTIVITY</u>

No. of days absent in grade 12 _____ Class Rank _____ Out of _____ GPA _____

SAT/ACT Score _____

List employment (include part-time) give name of employer and address:

What college of university will you attend: _____

I hereby certify that I have answered all of the above questions to the best of my knowledge.

Applicant's Signature