

Town of Hamburg  
Police Benevolent Association  
Scholarship Application

NAME: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NUMBER OF FAMILY MEMBERS ENROLLED IN COLLEGE: \_\_\_\_\_

DO YOU CURRENTLY WORK? (Y/N) \_\_\_\_\_ DID YOU WORK LAST SUMMER? (Y/N) \_\_\_\_\_

WHAT COLLEGES HAVE YOU BEEN ACCEPTED TO:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

LIST OTHER SCHOLARSHIPS YOU HAVE WON:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

EXTRA-CURRICULAR ACTIVITIES: \_\_\_\_\_

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

DEMONSTRATED LEADERSHIP AND CITIZENSHIP

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

STATE EDUCATION PLAN: (INCLUDE COLLEGE/MAJOR) \_\_\_\_\_

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

DATE SUBMITTED: \_\_\_\_\_  
COMPLETED APPLICATIONS ARE DUE TO THE COUNSELING CENTER BY

APRIL 1<sup>st</sup>