PORAC

4010 Truxel Road Sacramento, CA 95834-3725

PORAC Use ONLY					

PEACE OFFICERS RELIEF AND EDUCATION FOUNDATION SCHOLARSHIP GRANT APPLICATION

ELIGIBLE APPLICANTS

Applicants are eligible for scholarships in accordance with POREF Bylaws when a parent or legal guardian (membership will be verified by PORAC) is an active member as defined in Article II of the PORAC Bylaws. Applicants who are also eligible include: the spouse or dependent of an active PORAC member who has died in the line of duty, an active PORAC member who has medically retired (*proof may be required; dependents are not eligible*) from their employing agency, applicants whose parent membership is defined as Honorary and record is maintained by PORAC, and applicants whose parents were active members as defined in Article II of PORAC Bylaws and upon retirement immediately join RAM (6 MONTH TIME LAPSE ALLOWED BETWEEN MEMBERSHIPS). Reserve, Associate and out-of-state membership are not eligible for scholarship awards.

The following criteria will be considered for scholarships: Academic achievement, school activities, community service and a handwritten essay.

REQUIREMENTS: *NEW ESSAY SUBJECT*

- 1. Grade point average of 2.0 (based on a 4.0 system) upon high school graduation. (Applies to dependents only)
- 2. Maintenance of a minimum 2.0 grade point average if selected as a recipient.
- 3. The scholarship is to be used for scholastic and vocational fields only.
- 4. Applicant must submit a resume of school activities and community service. Include a copy of transcripts (official or unofficial) through your most recent semester.
- 5. Applicant must submit a one-page, 8 ½ X 11, **handwritten composition, in their own handwriting**, expressing "What role did the law enforcement person in your family play in deciding your future?"
- 6. A recent color photo (at least 2 ½ in. x 3 ½ in., not digitally altered) must accompany applications.
- 7. All of the above must be completed or you will be disqualified.
- 8. Application must be received at PORAC Headquarters by the end of business day **March 30th**. Applications submitted via e-mail or fax will not be accepted.

Check box that applies: □ Depen	dent □ Medically retired □ Surviv	ring spouse or dependent □ RAM
PORAC MEMBER:		
Member Name		
Association Name		
Address	City	State/Zip
Phone ()	Department	
Check box that applies: □ Curre	ent High School Student □ College S	Student Continuing College
Applicant's Name	DOB//	Age
Address	City	State/Zip
Date of Graduation	School currently attending	
Father's Name		
Address	City	State/Zip
Phone ()	Employer	Position
Mother's Name		
Address	City	State/Zip
Phone ()	_ Employer	Position

Revised: Nov 2017

College or Institution: □ Applying (attach com	plete list) □ Accepted □	Attending	
College Address		City/State/Zip	
Date you plan to start/ Course of Stu	dy D	egree/Objective	
Desired occupation after graduation:			
List all scholarships/grants applied for:			
List all scholarships/grants awarded and amoun	ts:		
Briefly outline your anticipated expenses (lodging	g, meals, transportation, etc.)		
Briefly outline how you are going to offset these	expenses:		
I have read and understand the above and ag	ree to abide by its content.		
Applicant's Name			
Printed	Signature		
Dated/			
Parent's Name			
Printed	Signature		
Dated/			

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