

**THE GERALD F. HEALY
KENTUCKY LAW ENFORCEMENT MEMORIAL FOUNDATION
APPLICATION FOR SCHOLARSHIP**

SECTION A: STUDENT DATA

NAME OF APPLICANT: _____
First Middle Last

ADDRESS: _____
Street City State Zip

EMAIL ADDRESS: _____

TELEPHONE NUMBER(S): _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

EDUCATIONAL BACKGROUND (name of school and years attended):

High School _____

College _____

Other _____

EMPLOYER AND POSITION: _____

NAME OF SCHOOL/INSTITUTION ATTENDING _____

Present Level _____

SECTION B: FINANCIAL INFORMATION

1. Student's (and Spouse) and Parents INCOME/RESOURCES for the period of January 1-December 31.

Student (& Spouse)

- A. Wages, salaries, tips, inc.
(gross – before taxes)

Do not include work study earnings \$ _____

- B. Other taxable income (interest,
dividends, etc.)

\$ _____

1. Do you reside with any parent? _____ Yes _____ NO
2. Do you receive meals or other living expenses from any parent? _____ Yes _____ NO
3. Does any parent provide assistance with educational expenses? _____ Yes _____ NO

*** If you answered yes to questions 1, 2, or 3 above, then parents' income MUST be listed below.***

- C. Parents Income \$ _____
- D. Social Security Benefits \$ _____
- E. Veterans Administration Benefits \$ _____
- F. Aid to Families with Dependent Children (AFDC) \$ _____
- G. Other school assistance (grants, scholarships, etc) \$ _____
- H. Other income and/or resources \$ _____

TOTAL INCOME \$ _____

SECTION C: DECLARATION

1. Are you a spouse or dependent of a line of duty death officer or a deceased or disabled law enforcement or telecommunication officer?

☐ YES ☐ NO

If yes, please give name and department of the officer at time of death or disability.

Name Department

2. Are you a dependent of your parent or guardian (for tax purposes)?

☐ YES ☐ NO

3. Are you an immediate family member of a current or retired KY Sworn Law Enforcement Officer or Telecommunicator? ☐ YES ☐ NO

If YES, please give Name, Department and Address of the relative:

Name Rank/Position

Name of Department

City State Telephone

4. What is your relationship to this person? _____

5. Student Signature _____ Date _____

Spouse Signature _____ Date _____

SECTION D: FULL-TIME LAW ENFORCEMENT OFFICERS

1. To Be Completed by Full-Time Law Enforcement Officers or Telecommunicators **only** if applying for a scholarship for yourself.

Agency: _____ Rank/Time in Service _____

Address: _____ Telephone _____

Supervisor _____

2. I attest that the department does not provide tuition assistance to department employees.

Signed Law Enforcement Agency Head

SECTION E: SUBMISSION REQUIREMENTS

Send this completed form along with:

- A letter that tells the Foundation about yourself, you may want to include information about your extracurricular activities, community service, career goals, financial need, and how you would use the scholarship;
- Two letters of reference with their names, addresses and telephone numbers; and
- Proof of enrollment for upcoming semester (class schedule or letter of acceptance into your program).

For consideration all the above described information must be attached to the application upon submission.

Mail completed application and information to:

**Kentucky Law Enforcement Memorial Foundation
Department of Criminal Justice Training
Funderburk Building, 521 Lancaster Avenue
Richmond, Kentucky 40475-3102
Fax (859) 622-8256**

Award is limited to a maximum of \$1,500 per year, except if the award recipient is a dependent of an officer who was killed in the line of duty the award amount will be \$5,000.