

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:

**KLEMF Scholarship Committee
4449 Kit Carson Drive
Richmond, Kentucky 40475-3102
Attn: Pam Smallwood**

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.