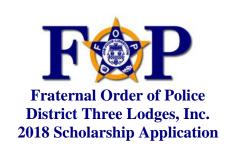
## DEADLINE MARCH 1, 2018



NAME IN FULL			_
HOME ADDRESS			_
CITY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER	R (Last four)	DOB	_
HOME PHONE ( )	PHONE	ENUMBER @ SCHOOL	
E-MAIL ADDRESS			
PARENT/FOP SPONSOR			
FOP LODGE NAME & NUME	BER		
LAW ENFORCEMENT AGEN	ICY REPRESENTED		
HIGH SCHOOL ATTENDED		G.P.A	
COLLEGE/UNIVERSITY ATT	TENDING	G.P.A	
ADDRESS OF COLLEGE/UN	IVERSITY		
MAJOR DECLARED and DEC	REE SOUGHT		
WHAT SPECIAL RECOGNIT OR COMMUNITY SERVICE?	· · · · · · · · · · · · · · · · · · ·	OU RECEIVED FOR EXCELLENCE IN necessary.	SCHOOL
LIST SCHOOL OR COMMUN Use separate sheet(s) if necessar		YOU HAVE OR ARE PARTICIPATING	3 IN
APPLICANTS SIGNATURE		DATE	