

Complete the following regarding the applicant.

PETER LAWER MEMORIAL SCHOLARSHIP APPLICATION

Name:			
Address:			
City:	State:	Zip Code:	
Home Phone: ()	Cell Phone:	: (
E-mail:			
School Attending:			
Dates Attending:			
 college or university has de Please note that applicant is University or Wright State Proof of enrollment such as schedule must accompany to If currently enrolled must be Applicant must be a police law enforcement with intent 	d in an accredited commonstrated support in the simple if attending the University is your school's letter this application. The maintaining a cumpofficer who wants to to enter a career in	ollege or university program and the t of the law enforcement community. ling: Antioch College, Kent State er of acceptance, transcripts, or current mulative G.P.A. of 2.75. to further their career, or a student study	ying
	he January Executive	olarship will be presented by the Award ve Board Meeting. For further informa	
documentation is true and correct. concerning my application for the	I hereby consent to Peter Lawer Memor	n this application and proof of enrollme o the release of this information orial Scholarship to the officers and Officers Memorial Society for verificati	
Applicant's Signature:		Date:	