Donald B. Gamblin Jr. Memorial Scholarship
2018
$500.00 Scholarship

ELIGIBILITY & DOCUMENTATION REQUIRED

Applicant must be a dependent child of a Shawnee Officer in good standing with the FOP, the dependent child of a Shawnee Officer killed in the line of duty, or the child of a retired Shawnee Officer in good standing with the FOP.
Each applicant is eligible to be awarded the scholarship one (1) time only. After being selected and accepting this scholarship, he/she is no longer eligible to apply again.

Applicant must be a graduating senior or already attending college. Applicant must be seeking an Undergraduate degree.

Each applicant must:
- Complete an application form.
- Provide most recent transcripts.
- Provide admissions to an accredited College or University.
- Provide two letters of recommendation from non-family members.
- Write an essay of why you are deserving of this scholarship. (Suggestion: Applicants will be rated on grammar, spelling, punctuation, content and appearance.)

SELECTION PROCESS

Please submit completed applications in a sealed and unmarked envelope by April 10, 2018 to the Fraternal Order of Police Auxiliary mailbox in the Records Department at the Shawnee Police Department or directly to Jennifer Herrmann at 9712 Melrose Dr., Overland Park, KS 66214. The recipient of the scholarship will be notified and officially recognized at the Awards Ceremony held at the Civic Center on Friday, April 27, 2018.

Donald B. Gamblin Education 2018 Scholarship Application $500.00

Applicant's Name_____ DOB _____/_____/_____

Parent/Guardian Name _____

Mailing Address _____ _____Apt. # _____

City _____ State _____ Zip _____

Phone ( ) _____ Email _____

Please share your academic and professional goals. _____

_____

_____

_____

_____

_____

Please share any academic honors, awards and/or school involved activities. _____

_____

_____

_____

_____

_____

Please share your community support and outside interest. _____

_____

_____

_____

_____

_____

Is there anything else you want the Selection Committee to know about you? _____

_____

_____

_____

_____

_____

I have read and understand all information on the application and affirm that all information submitted is true and accurate. I also understand that if all criteria have not been met, my application will not be considered.

Signature _____ Date _____