

**IOWA C.O.P.S. SCHOLARSHIP APPLICATION**

The Iowa C.O.P.S. Scholarship is available to assist surviving children and spouses of officers whose deaths are deemed “line-of-duty” deaths as determined by the Federal Bureau of Investigation (FBI), or Bureau of Justice Assistance’s Public Safety Officers’ benefits Program (PSOB), or the National Law Enforcement Officers Memorial Fund (NLEOMF) or the Fraternal Order of Police (FOP). Assistance may be available for tuition and school fees for undergraduate and graduate classes, vocational, technical and career training up to $5,000 total per school year. Applicants for this scholarship must be a surviving child or spouse of a fallen Iowa police officer or correctional officer who was killed in the line of duty. Iowa C.O.P.S. is dedicated to ensuring that survivors continue to feel supported through their educational journey.

**Please select your application status:**

New Applicant  Application for Scholarship Renewal

**The following documents are required with your application:**

**New Applicant:**

1. Copy of letter of Acceptance
2. Copy of High School Transcripts with a 2.0 GPA or higher

**Scholarship Renewal Applicant:**

1. Copy of College Transcripts from pervious academic year with a 2.0 GPA or higher (Possible exceptions may be considered for students that encountered an unexpected hardship throughout the year. Scholarship applicant must go before the Iowa C.O.P.S. board to be considered for renewal if he/she does not meet the renewal criteria).

Please note that your application must be received by the Iowa C.O.P.S. Chapter Director **no later than June 21st, 2024.** Applications can be delivered to the current chapter director in person or mailed to the following:

Iowa C.O.P.S.

Attention: Scholarship Committee

P. O. Box 52

Granger, Iowa 50109



**IOWA C.O.P.S. SCHOLARSHIP APPLICATION**

**General Information:**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Information:**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check One of the following:**

To qualify for the Iowa C.O.P.S. Scholarship you **must** fit one of the following categories:

Surviving Spouse  Surviving Child If child, state current age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fallen Officer Information:**

Fallen Officer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EOW Date \_\_\_\_\_\_\_\_\_\_\_\_

Department Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_

**Education Plans:**

Name of College / Technical School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**IOWA C.O.P.S. SCHOLARSHIP APPLICATION**

Course of Study (i.e. Associates Degree, Bachelor’s Degree, Master’s Degree, Graduate Degree, Vocational Certificate/License)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand:**

1. that Iowa C.O.P.S. scholarships are subject to the availability of funds;
2. that the Iowa C.O.P.S. board has sole discretion in determining the allocation of available funds;
3. that the receipt of a scholarship award does not guarantee any future awards;
4. that this scholarship application is for the August 2023- August 2024 school year and that I must reapply to be considered for the August 2024- August 2025 academic year.
5. that if I do not meet the required standards (2.0 GPA) that I will become ineligible for scholarship renewal for one academic year.
6. that the Iowa C.O.P.S. board will review all scholarship applications and if I am selected to receive the scholarship, the scholarship award will be paid directly to me to apply towards my schooling expenses.

My spouse or parent served as a **law enforcement officer or corrections officer in the state of Iowa**and his/her death meets the Government requirement criteria for line-of-duty death. All information contained in this application and attachments are true and accurate to the best of my knowledge.

I understand Iowa C.O.P.S. may verify any and all information contained in this application and any misrepresentations will result in an immediate rejection of this application. *Incomplete applications will not be considered.*

Printed Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_