

QUALIFICATIONS FOR ELIGIBILITY TO RECEIVE KSPPA SCHOLARSHIP

1. YOU MUST BE A BONA FIDE DEPENDENT CHILD OF AN ACTIVE MEMBER, RETIRED LIFETIME PAYING MEMBER OR A DECEASED MEMBER OF THE KSPPA. (MEMBER MUST BE IN GOOD STANDING FOR 60 CONSECUTIVE MONTHS IMMEDIATELY PRIOR TO APPLICATION; OR WILLING TO PAY ARREARS FOR UP TO 60 MONTHS).
2. YOU MUST SHOW PROOF THAT YOU HAVE BEEN ACCEPTED BY AN **ACCREDITED** COLLEGE OR UNIVERSITY.
3. YOU MUST ATTACH PROOF OF A 2.0 GRADE POINT AVERAGE. EX. HIGH SCHOOL TRANSCRIPT.
4. YOU MUST BE A HIGH SCHOOL SENIOR, A COLLEGE FRESHMAN, SOPHMORE OR JUNIOR.
5. YOU MUST NOT HAVE BEEN A PRIOR RECIPIENT OF THE KSPPA SCHOLARSHIP.
6. YOU MUST BE A FULL TIME STUDENT.
7. A CURRENT PHOTO, **NOT AN ELECTRONIC COPY**, MUST BE INCLUDED WITH YOUR APPLICATION. IF YOU SUBMIT YOUR APPLICATION ELECTRONICALLY, YOU WILL NEED TO MAIL YOUR PHOTO. (EX. SENIOR PICTURE) SUBMITTING PHOTO GIVES PERMISSION FOR KSPPA TO PUBLISH IN MAGAZINE OR USE IN ELECTRONIC MEDIA SUCH AS WEBSITE OR FACEBOOK.

PROCEDURE:

1. **YOU MUST MAIL OR EMAIL YOUR COMPLETED APPLICATION. THE APPLICATION MUST BE RECEIVED AT THE KSPPA OFFICE ON OR BEFORE FRIDAY, APRIL 26, 2024. WE WILL SEND YOU AN EMAIL CONFIRMING WE HAVE RECEIVED THE APPLICATION. YOU MUST HAVE THE EMAIL CONFIRMATION TO SHOW KSPPA RECEIVED THE APPLICATION BEFORE THE DEADLINE. ANY APPLICATION RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED.**
2. APPLICATIONS MUST BE EMAILED TO QUARTERMASTER@KSPPA.COM OR MAILED TO:
**KSPPA
108 DIAGNOSTIC DRIVE SUITE C
FRANKFORT, KY 40601**
3. THE APPLICATION WILL BE PRESENTED TO THE KSPPA BOARD OF DIRECTORS FOR APPROVAL.
4. AFTER THE EXECUTIVE BOARD MEETS AND APPROVES THE SCHOLARSHIP APPLICATIONS, YOU WILL RECEIVE INFORMATION REGARDING THE AWARD OR NON-AWARD OF THE SCHOLARSHIP WITHIN 14 DAYS OF BOARD ACTION. IF YOU DO NOT RECEIVE NOTIFICATION, PLEASE CONTACT THE ASSOCIATION AT 502-875-1625.
5. ALL SCHOLARSHIP CHECKS WILL BE MADE PAYABLE TO THE MEMBER WHOSE CHILD HAS BEEN AWARDED A SCHOLARSHIP. THE AMOUNT TO BE AWARDED TO THOSE APPLICANTS MEETING THE CRITERIA SHALL BE \$1000.00 IN 4 EQUAL AWARDS OF \$250.00 PER YEAR **PAYABLE AFTER THE SPRING SEMESTER**. PLEASE NOTIFY KSPPA OF ANY ADDRESS CHANGES.
6. EACH YEAR, A LETTER OR EMAIL MUST BE SENT **BY THE MEMBER** TO CERTIFY THAT THE CHILD IS CONTINUING HIS/HER EDUCATION AS A **FULL-TIME STUDENT AND HAS MAINTAINED A 2.0 GPA**, THEN THE NEXT INSTALLMENT WILL BE PAID. SHOULD A CHILD DROP OUT OF COLLEGE FOR ANY REASON, THE AWARD IS NOT PAYABLE. IF THE MEMBER WISHES TO RESUME THE SCHOLARSHIP AWARD AFTER THE CHILD HAS RETURNED TO COLLEGE, THE MEMBER MUST SUBMIT A LETTER TO KSPPA AND IT WILL BE PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

Kentucky State Police Professional Association

108 Diagnostic Drive Suite C

Frankfort, KY 40601

Phone (502) 875-1625

2024 KSPPA SCHOLARSHIP APPLICATION

POST # _____ KSPPA MEMBER # _____

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERSONAL PHONE # _____ EMAIL ADDRESS _____

HIGH SCHOOL _____ GPA _____

COLLEGE _____ GRADE/YEAR _____

KSPPA MEMBER'S NAME _____ TITLE _____

KSPPA MEMBER EMAIL ADDRESS _____

ASSIGNMENT/POST _____ PHONE: WORK _____ HOME _____

HAVE YOU RECEIVED A KSPPA SCHOLARSHIP BEFORE? YES _____ NO _____

HAS ANYONE IN YOUR FAMILY RECEIVED A KSPPA SCHOLARSHIP? YES _____ NO _____

IF YES, WHO? _____

COMMENTS: _____

I HEREBY STATE THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Please sign below.

MEMBER _____ APPLICANT _____

PLEASE READ INSTRUCTIONS ON THE FIRST PAGE AND INCLUDE ALL ITEMS.

FOR OFFICE USE ONLY:

MEMBER IN GOOD STANDING _____ # OF YEARS _____ MONTHS _____

RETIRED OR ACTIVE? _____

DISTRICT/POST _____ MEMBERSHIP # _____