



LVPPACE ANNUAL SCHOLARSHIP DEPENDENT APPLICATION GUIDELINES

The Las Vegas Police Protective Association Civilian Employees, Inc, offers ten (10) \$500.00 scholarships to our members and/or dependents of members per semester (Fall and Spring). The applicant must apply and qualify for the school year beginning in the fall with the spring semester automatically renewing if the credit requirements and ALL documentation is provided to the PPACE office.

The applicant, must be enrolled in a Secondary Educational Institution which is accredited and whereupon graduation, will be awarded an Associate's, Bachelor's or Master's Degree.

The term accredited shall mean any accrediting entity that is recognized by the Department of Education or the Council for Higher Education Accreditation (CHEA)*. This information may change and it is up to the applicant to ensure their Secondary Educational Institutions is accredited at the time of application. Applicants can check their Secondary Educational Institution accreditation at <http://chea.org/> under Databases and Directories.

*Although Technical and Vocational Institutions may be accredited through an accrediting entity that is recognized by the Department of Education or the Council for Higher Education Accreditation, applicants attending such institutions in a program of study that will not receive an Associate's, Bachelor's or Master's Degree at the end of the program are not eligible to receive a LVPPACE scholarship.

A dependent is defined as a son, daughter (directly related to the member) or a step-son or step-daughter to whom the member is providing more than 50% of their support. The dependent will be no more than 23 years of age at the time of the application deadline.

Applications can be found on our website WWW.PPACE.ORG.

QUALIFYING CRITERIA:

- The applicant must be a dependent of a current LVPPACE member in good standing and has been a member for at least one year prior to the application date.
- The applicant must be enrolled in a minimum of twelve (12) credit hours.
- The applicant must have or maintained a minimum of a **3.0** Grade Point Average (GPA) for the last **two (2)** semesters of high school or college attended.

APPLICATION REQUIREMENTS (Fall Semester):

- Completed application form.
- Submit an essay (minimum 3 pages/maximum 5 pages - double spaced) describing your commitment to education, goals, community activities and what makes you the best candidate for this scholarship. This will be weighted 60% to include grammar, spelling and punctuation.
- Obtain and attach a copy of your current course schedule indicating the minimum credits required to qualify.
- Obtain and attach a copy of your grades or transcript from college or high school indicating the minimum GPA required. This will be weighted 40%.
- Attain and attach two (2) completed Academic Recommendations. These recommendations must be completed by the individual of an Educational Institution on their letterhead and dated within six (6) months of the application.
- **ALL** paperwork must be turned in no later than July 15th.

RENEWAL APPLICATION REQUIREMENTS (Spring Semester):

- Completed renewal form.
- Obtain and attach a copy of your current course schedule indicating the minimum credits required to qualify.
- **ALL** paperwork must be turned in no later than January 30th to have the spring semester check processed.

**All qualifying criteria/information/requirements must be met
at the time the application is submitted.**

**Applications must be received in the Association office
by the appropriate date listed above.**

**Applications can only be submitted (1) in person or (2) US Mail or Fedex.
Applications will NOT be accepted via email or fax.**

**It is the sole responsibility for the applicant to confirm receipt of the application
prior to the deadline by calling PPACE at 702-382-9121 if not hand delivered.**

LVPPACE DEPENDENT SCHOLARSHIP APPLICATION

It is the applicant's responsibility to ensure that this application is completely filled out and all the required documents are attached.

PRINT or TYPE

Applicant's Name (Last Name, First Name):
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LVPPACE MEMBER INFORMATION			
Member's Name:			
LAST			
FIRST		MI	
PN:	MEMBERSHIP ENROLLMENT DATE:		

APPLICANT INFORMATION			
Applicant's Name:			
LAST			
FIRST		MI	
DATE OF BIRTH			
Applicant's Address:			
Number & Street			
City - State - Zip Code			
Home Phone			

LVPPACE DEPENDENT SCHOLARSHIP APPLICATION

APPLICANT'S NAME: _____
(LAST, FIRST NAME)

APPLICANT'S SCHOLASTIC INFORMATION	
Full name of college/university enrolled in:	
Anticipated Major	
Anticipated Occupational Goal	
List the Courses enrolled in and number of credits: (Attach required document)	
1.	
2.	
3.	
4.	
5.	
6.	
GRADE POINT AVERAGE (GPA)	
Applicant's GPA: (Attach required document)	

I, the undersigned, declare the above to be true and understand that all decisions of the Scholarship Committee shall be final.

Applicant's Signature **Date**

Date Received:

Received By: _____