



Wichita Police Department
SCHOLARSHIP APPLICATION
Please Complete, Print, and Mail This Application

Terms of WPD Scholarship

1. Must be a high school senior or college student.
2. Must be a child of a WPD Member who has been disabled or slain in the line of duty.
3. Must attend an accredited junior college (community college) or four-year university.
4. Undergraduate level students must enroll in a minimum of 12 credit hours per semester. Graduate level students must enroll in 6 hours or incur at least \$1000.00 in tuition and fees during the qualifying semester.
5. Must participate in an oral interview process conducted by the WPD Awards Committee if so requested.
6. Must attach a resume (no longer than one type written page) detailing future academic and life goals.
7. Must attach a current photograph.
8. Must submit certified High School and/or College (if applicant has attended college) transcripts with the application.
9. The \$2,000 Scholarship will be paid in two \$1000 installments in the first and second semesters, (Student must verify enrollment during both semesters to receive funding and must maintain a minimum 2.5 cumulative GPA to obtain the second \$1000.00 installment).

Please Attach the Following Items to Application

1. High School and College Transcripts.
2. Brief resume of acknowledgements.
3. Recent Photograph.

Mail Application by **March 31, 2014** to:
WPD Awards Committee
6th Floor Investigations
455 N. Main
Wichita, KS 67202

Wichita Police Department
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Personal Information

Last Name _____ First _____ Middle _____

Telephone Number _____ Date of Birth _____

Home Address _____

City County State Zip Code _____

WPD Member _____ Relationship _____ (Son/Daughter)

Address _____

Street #/Name City State Zip Code _____

Academic Record

High School _____ Location _____

High School Cumulative Grade Average _____ (A=4 B=3 C=2 D=1 F=0)

Rank In Graduating Class _____ No. In Graduating Class _____

College and Location _____

College GPA _____

Student's Signature _____ Today's Date _____

Date Received _____ Scholarship Awarded _____ Length of Scholarship _____ Amount Scholarship _____ Approving Officer's Signature _____
