



The Military Police Regimental Association Scholarship Program



1. Please print or type all information
2. Please complete a separate **PERSONAL STATEMENT ESSAY** and attach it to this application.
3. Obtain a transcript (*official or unofficial*) or a copy of your grades, and a recommendation.
4. Transcript and recommendation may be in sealed and separate envelopes but must be sent with the application.
5. All data submitted in support of this application becomes the property of Scholarship Managers (*SM*).
6. Immediate family members of a deceased MPRA (active at the time of death) member are also eligible. Immediate family is defined as a parent, sibling, child (*by blood, adoption, or marriage*), spouse, legal domestic partner, grandparent or grandchild.

APPLICANT INFO

Mr. Ms. Miss Mrs. Child Spouse Full-Time Part-Time

Children must be full-time students. Spouses may be part-time students.

Spouses must indicate the number of credit hours to be taken _____ and the cost per credit hour \$ _____

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

MPRA MEMBERSHIP INFO

MPRA Member # _____ Branch of Service _____

Status: Active Retired Reserve National Guard

Member Last Name _____ First Name _____ MI _____

Spouse Last Name _____ First Name _____ MI _____

Same as above Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

WORK EXPERIENCE

FULL OR PART-TIME: During the last 4 years only. If more space is needed, duplicate this page.

Resumes or any other format will not be accepted.

Company	Position	From (mo/year)	To (mo/year)	Hours (per week)

HIGH SCHOOL INFORMATION

Non-Weighted Cumulative GPA (on a 4.0 basis). Please convert from numerical or letter grades.

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College Board Code # _____ (Obtain from guidance office) Graduation Date: Month _____ Year _____

Name _____

Street Address _____ City _____ State _____ Zip _____

Principal's Name _____ Email _____

HIGH SCHOOL AND COMMUNITY ACTIVITIES: During the last 4 years only. If more space is needed, duplicate this page. Resumes or any other format will not be accepted.

Activity/Awards/Offices Held	From (mo/year)	To (mo/year)	Hours (per week)

COLLEGE INFORMATION

Non-Weighted Cumulative GPA (on a 4.0 basis). Please convert from numerical or letter grades.

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Please list the undergraduate US college/school you attend or the college(s) / school(s) where you have applied.

Name _____ City _____ State _____ Zip _____

Name _____ City _____ State _____ Zip _____

Name _____ City _____ State _____ Zip _____

Major _____ Graduation Date: Month _____ Year _____ Degree: AA BA BS

COLLEGE AND COMMUNITY ACTIVITIES: During the last 4 years only. If more space is needed, duplicate this page. Resumes or any other format will not be accepted.

Activity/Awards/Offices Held	From (mo/year)	To (mo/year)	Hours (per week)

TRANSCRIPT: All applicants must also submit a transcript or copy of their grades (unofficial transcripts are acceptable). The transcript may be in a sealed and separate envelope but it must be submitted with this application.

PERSONAL STATEMENT: Please write a brief statement that reflects why you wish to pursue a post-secondary degree and how you intend to use the skills you will learn in your future. The essay must be 500 words or less, typewritten or computer-generated, double spaced, no longer than 2 pages and stapled to this application. Please place your name in the upper right hand corner of each page of the essay.

AFFIDAVIT: The signatures below affirm that all the information provided in this application, and supporting documents, is true and complete to the best of our knowledge. If requested, we will provide proof. Failure to provide proof shall invalidate this application and result in termination of any aid granted.

Applicant Signature _____ Date _____

MPRA Member Signature _____ Date _____

Your request for aid becomes valid ONLY when this application and all supporting documents are submitted to:
MPRA Scholarship Program Scholarship Managers, PO Box 2810, Cherry Hill, NJ 08034

The form and format of this application is protected by copyright. It is the sole possession of Scholarship Managers (SM). Please direct queries to the address above, call 856-616-9311, fax 856-616-9711 or email scholarshipmanagers@scholarshipmanagers.com.

**POSTMARKED
NO LATER
THAN
30 APRIL**