



# JACOB AULMON GILES SCHOLARSHIP

## APPLICATION

### FRATERNAL ORDER OF POLICE

### MOBLEY – GILES LODGE NO.7

(ALL INFORMATION MUST BE PROVIDED)

### APPLICANT INFORMATION

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_ AGE: \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

RELATIONSHIP TO MEMBER/SPONSOR: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_

OTHER SOURCES OF INCOME: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

REGISTRAR'S PHONE: \_\_\_\_\_

MAJOR COURSE OF STUDY: \_\_\_\_\_

DEGREE BEING SOUGHT: \_\_\_\_\_

LIST ANY DEGREES ALREADY ATTAINED AND SCHOOLS ATTENDED:

\_\_\_\_\_

LIST ALL OTHER SOURCES OF FINANCIAL AID & AMOUNTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## MEMBER/SPONSOR INFORMATION

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SSN: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_

PERSONAL EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

LENGTH OF EMPLOYMENT: \_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_

OTHER SOURCES OF INCOME: \_\_\_\_\_

FOP MEMBER NUMBER (From ID Card): \_\_\_\_\_

LENGTH OF FOP MEMBERSHIP: \_\_\_\_\_