



**Adair-Kennedy Scholarship Application 2021**

**Alaska Peace Officers Association  
Capital City Chapter  
PO Box 20751, Juneau, AK 99802  
CCCoFAPOA@gmail.com**

**PERSONAL**

Name (First, Middle, Last): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No

Social Security Number: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**HIGH SCHOOL**

High School/GED Attended: \_\_\_\_\_

City/State \_\_\_\_\_

Date Graduated/Graduating \_\_\_\_\_ Grade Point Average \_\_\_\_\_

**COLLEGE**

College/University CURRENTLY attending and/or will be attending NEXT school year: \_\_\_\_\_

Degree/Major You Are Seeking \_\_\_\_\_

Grade Point Average \_\_\_\_\_ College Credits Earned Through THIS May \_\_\_\_\_

Credits Remaining For Graduation \_\_\_\_\_

Vocational school attended \_\_\_\_\_

**EXTRACURRICULAR ACTIVITIES**

Please list any scholastic and/or athletic honors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list community or volunteer service.

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Please list your work experience.

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Please list any military service.

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Please list your special interest, hobbies, and/or skills.

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**FINANCIAL NEED**

Please list your anticipated financial needs.

Tuition: \_\_\_\_\_

Books: \_\_\_\_\_

Travel Costs: \_\_\_\_\_

Room/Board: \_\_\_\_\_

Other Financial Support (employment, scholarship, savings, family support)

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**ACKNOWLEDGEMENT**

In signing this application, I do hereby affirm that the information I am providing on this form and attached sheet(s) is true and correct to the best of my knowledge. I have read and agree to abide by the eligibility rules of the Alaska Peace Officers Association Scholarship Award Program.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

If you are selected to receive our scholarship, by signing this you authorize Capital City Chapter of APOA to use certain application information to publicize the award.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_