

SCHOLARSHIP APPLICATION

_____ Academic Year _____

Eligibility Criteria:

- 1) Applicants must be a legal dependent of an **active** member of the Baltimore City Police Department.
- 2) Recipients must attend a Maryland College/University on a full-time basis (minimum of 12 credits per semester) in a degree-granting program.
- 3) Recipients must demonstrate financial need as determined by the Federal Methodology need analysis formula.

Procedures:

- 1) Enclose an official high school transcript with the scholarship application. (**Must have a 2.5 GPA to apply**).
- 2) Enclose a recent picture (suitable for publication) with the scholarship application. (If available).
- 3) File the Free Application for Federal Student Aid (FAFSA) as soon after **January 1** as possible.
- 4) Submit the completed scholarship application with the academic transcript and picture by **May 1**
- 5) Submit a copy of your letter of acceptance from the Maryland College/University you plan to attend by **June 1**
- 6) Final scholarship decisions will be made by **July 1**.

Student's Name (print): _____
Last First Middle

Permanent Home Address: _____

City, State, Zip: _____ Telephone: _____

Date of Birth: _____ Social Security Number: _____

High School: _____

Full name of colleges/universities to which you plan to apply or have already applied (list in order of preference):

- 1) _____
- 2) _____
- 3) _____

Baltimore City Police Department Employee's Name (print): _____

Relationship to Scholarship Applicant: _____

Rank/EOD: _____ Social Security No: _____

Assignment: _____ Work Telephone: _____

Certification Statement: I certify that I am a legal dependent of an **active** member of the Baltimore City Police Department. I have read and understand the guidelines of the Signal 13 Scholarship Program.

Student's Signature: _____ Date: _____

Frank J. Battaglia
Signal 13 Foundation, Inc.
Scholarship Program

I. To be completed by the student and parent and forwarded directly to the College/University:

Permission is hereby granted to the college/university named below to release need analysis Information from the Free Application for Financial Aid (FAFSA) Student Aid Report.

Name of College/University: _____

Student's Name (print): _____ Signature: _____

Student's Social Security No.: _____ D.O.B.: _____

Parent's Name (print): _____ Signature: _____

II. To be completed by the Financial Aid Office:

Student Expense Budget _____ **Academic Year**

Annual Tuition Per Year \$ _____

Fees _____

Room & Board (Resident Students) _____

Living Expenses (Commuter Students) _____

Books & Supplies _____

Transportation _____

Personal/Miscellaneous _____

Total Expenses: \$ _____

Federal Student Aid Report Need Analysis Results

Parents' Annual Contribution Per Year \$ _____

Student's Annual Contribution Per Year _____

Total Family Annual Contribution per Year: \$ _____

Grant/Scholarship Aid Awarded (if known)

What are you applying for:

Federal _____ \$ _____

State _____

Institutional _____

Other _____

Total Gift Aid: \$ _____

Remaining Financial Need \$ _____

Financial Aid Office Signature: _____ Date: _____

Name: _____ Title: _____

Address: _____

Return to: Scholarship Program Administrator
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Baltimore, MD 21220-0801 Phone/Fax (410) 335-1056