

**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 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 (Required):**

- 1) Enclose an official high school transcript with the scholarship application. (**Must have a 2.5 GPA to apply**)
- 2) File the Free Application for Federal Student Aid (FAFSA) as soon after **January 1<sup>st</sup>** as possible.
- 3) Submit the completed scholarship application with the academic transcript by **May 22<sup>nd</sup>**.
- 4) Submit a copy of your letter of acceptance from the College/University you plan to attend by **June 6<sup>th</sup>**.
- 5) Final scholarship decisions will be made after **July 15<sup>th</sup>**, at which time you will be notified.

Student's Name (print): \_\_\_\_\_  
Last First Middle

Permanent Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Currently in what High School: \_\_\_\_\_

Currently in College/University \_\_\_\_\_ What Year: \_\_\_\_\_

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: \_\_\_\_\_ Assignment: \_\_\_\_\_

SS#: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**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**

**THIS SECTION 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: \_\_\_\_\_

**SECTION BELOW 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)**

*(For what type of financial aid are you applying?)*

Federal

\$ \_\_\_\_\_

State

\_\_\_\_\_

Institutional

\_\_\_\_\_

Other

\_\_\_\_\_

Total Gift Aid:

\$ \_\_\_\_\_

**Remaining Financial Need**

\$ \_\_\_\_\_

Signature (*Financial Aid Representative*): \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Return to: Scholarship Program Administrator**

**Frank J. Battaglia Signal 13 Foundation, Inc.**

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