



SCPD Alumni Association  
P.O. Box 5998  
Spring Hill, FL. 34611  
352-345-1778

## **John L. & Isabel Barry Scholarship Fund Application**

### **Eligibility Requirements**

1. Applicant must be the child, stepchild, grandchild or great grandchild of an active member. Active member is described as a member who has paid annual dues for three consecutive years, exempt member or recent retirees, who have paid dues. but retired less than three years ago.
2. Applicant must be attending or planning to be attending an institute of higher learning after high school such as a two or four year college within 12 months of this application. This includes post graduate schools.
3. Only one entry per student. Scholarship winners may not reapply for three years after date of award.
4. Scholarship awards are paid directly to the those selected, after submission of course completion submitted **prior to January 15<sup>th</sup>** of the year following the award date.
5. Applications must be submitted by March 1<sup>st</sup> each year to be considered for the lottery drawing.

**All eligibility, applications and awards are subject to approval by The SCPD Alumni  
Please Print All Information clearly**

#### **Applicant:**

Last name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

I am attending or intend to attend (college name): \_\_\_\_\_

Signature \_\_\_\_\_

**Sponsoring Member (print):** \_\_\_\_\_

Sponsoring Alumni Members Signature \_\_\_\_\_

Relationship to applicant (child, grandchild, great grandchild) \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

#### **Mail completed application to: SCPD Alumni Scholarship Committee**

SCPD Alumni Association  
Scholarship Committee  
PO Box 5998  
Spring Hill, FL 34611

**Your support is needed:** The Alumni asks each member to consider a \$5.00 donation annually to this worthwhile cause. Make your checks payable to the SCPD Alumni and submit to the Alumni address above.

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