NEW HAMPSHIRE SHERIFF'S ASSOCIATION

Guidelines for Scholarship Fund

- 1. Who is eligible for a scholarship?
 - a. Family member or an Active Life, Active, or Life member of the New Hampshire Sheriff' Association; or
 - b. Family member of a professional member of the Hew Hampshire Sheriffs' Association; or
 - c. Family member of a certified, full-time New Hampshire law enforcement officer; or
 - d. Family member of any full-time or part-time employee of the Sheriff's Office.
- 2. What must an applicant do to be considered for a scholarship?
 - a. Request a scholarship application from a County Sheriff;
 - b. Submit the completed, detailed application to the County Sheriff before the closing date; and
 - c. Submit any other data the applicant considers essential for consideration.
- 3. Deadline for receipt of application: May 15th of each year.
- 4. Obligations of a successful scholarship candidate:
 - a. Upon ratification by Association members, the successful candidate must forward or cause to be forwarded a tuition bill from their respective college to the county Sheriff for payment of scholarship amount direct to the school; or
 - b. In the event of exigent circumstances, notify the county Sheriff of need for alternative reimbursement.
- 5. Scholarship Fund Responsibilities of County Sheriff:
 - a. Send application to those who request one;
 - b. Acknowledge receipt of completed application;
 - c. Review all applications received;
 - d. Make recommendation to the Association as to the amount of aid to be given to the recipient selected by the County Sheriff;
 - e. Limit of two (2) scholarships per applicant, where possible;
 - f. Notify all candidates of their final status.
- 6. Each year, each County Sheriff may receive \$500.00 for scholarships.
- 7. Each year, the New Hampshire Sheriffs' Association may award a total of \$5,000.00 in scholarships.



OFFICE OF THE SHERIFF

COUNTY OF CARROLL 95 Water Village Road P.O. Box 190 Ossipee, NH 03864

Fax: (603)539-7506



(603)539-2284 (800)552-8960

NEW HAMPSHIRE SHERIFF'S ASSOCIATION

Application for Scholarship

Applicant:	Date of Birth:
Telephone No.:	Email:
Home Address:	
Father's Name:	Occupation:
Father's Employment:	
Mother's Name:	Occupation:
Mother's Employment:	
Family Total Income:	(Include all working members)
Will you receive any financial	support other than from your family? Yes \sum No \sum
	ay tuition, etc.? Yes□ No□
Have you received any other s If yes, amount of scholarship	scholarships? Yes
Name of school graduated from	m:
What college do you plan to a	ttend?
In your own words, why is sch	nolarship needed?
Date:	Signature:

Please return to: County Sheriff's Office

To Serve and Protect