

Police and Peace Officers' Memorial Ribbon Society

Memorial Ribbon Scholarship

APPLICATION

This form applies to:

- Children of a police or peace officer killed in the 'line of duty'.
- A full-time, part-time, or summer school student in a program leading up to an undergraduate degree or diploma at an accredited post-secondary educational institution (i.e. a university or a community college) in Canada.
- The fund is for a scholarship for the first time before the age of 26 (in certain circumstances, the fund may extend this age requirement to those who are over 25 years old), and would cover the cost of tuition and textbooks.
- Go to the Scholarship 'Rules and Regulations' on www.memorialribbon.org for more details.

Instructions:

- | | |
|----------------------------|---|
| 1. Type or print | 4. Attach letter of acceptance from university or college |
| 2. Complete all sections | 5. Attach original tuition and textbook receipts |
| 3. Check appropriate boxes | 6. Attach required documentation |

SECTION A: APPLICANT INFORMATION

1. Applicant Name:	2. Date of Birth (yy/mm/dd)	3. Social Insurance Number										
		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
4. Address (Street/City/Province/Postal Code):												
5. Language of Correspondence: <input type="checkbox"/> English <input type="checkbox"/> French												
6. Email Address:	7. Home Telephone Number: () -	8. Business Phone Number: () -										
9. Emergency Contact Name:	10. Home Telephone Number: () -	11. Business Phone Number: () -										
12. Relationship to Police or Peace Officer:												
13. Please provide proof of relationship to Police or Peace Officer (as applicable):												
Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No												
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (please specify)												
<input type="checkbox"/> Adoption Certificate _____												
FOR OFFICE USE ONLY (SECTION A)												
Information Verified by (print name):	Date (yy/mm/dd):	Signature:										
Comments:												

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SECTION B: INFORMATION ON DECEASED POLICE OR PEACE OFFICER												
1. Name of Police or Peace Officer who 'died in the line of duty':	2. Social Insurance Number: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
3. Rank of Police or Peace Officer:	4. Badge/Personal Identification Number:											
5. Occupation: <input type="checkbox"/> Police Officer <input type="checkbox"/> Correctional Officer <input type="checkbox"/> Probation/Parole Officer <input type="checkbox"/> Canada Border Services Officer <input type="checkbox"/> Peace Officer Specify: _____ <input type="checkbox"/> Auxiliary Officer Specify: _____	6. Place of Employment (Service/Institution Name) 7. Employment Address (Street/City/Province/Postal Code):											
8. List any other Professional Associations the Police or Peace Officer was affiliated with:												
FOR OFFICE USE ONLY (SECTION B)												
Information Verified by (print name):	Date (yy/mm/dd):	Signature:										
Comments:												
SECTION C – EDUCATIONAL INSTITUTION INFORMATION												
1. Educational Institution: <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Technical Institute <input type="checkbox"/> Other Post-Secondary Educational Institute Specify: _____	2. Name of Post-Secondary Educational Institute:											
4. Undergraduate Study being undertaken:	3. Address (Street/City/Province/Postal Code):											
5. Year of Study: <input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year	6. Calendar Year: _____											

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7. Designation: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma	8. Type of Study: <input type="checkbox"/> Full – time <input type="checkbox"/> Part – time	9. Are you taking your program of study through: <input type="checkbox"/> On – site instruction <input type="checkbox"/> Correspondence/distance Education <input type="checkbox"/> Other (please specify) _____
10. Transcripts from previous year included: <input type="checkbox"/> Yes <input type="checkbox"/> No (transcripts/statement of marks must be submitted each year by returning applicants)		
11. Proof of Study Enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No (proof of study must be included each year) <input type="checkbox"/> Acceptance Letter <input type="checkbox"/> Other (please specify) _____		
12. Previous Education: (Please list previous educational history)		
Name of Post-Secondary Educational Institution:	Study Period:	Diploma/Designation Attained:
Name of Post-Secondary Educational Institution:	Study Period:	Diploma/Designation Attained:
FOR OFFICE USE ONLY (SECTION C)		
Information Verified by (print name):	Date (yy/mm/dd):	Signature:
Comments:		
SECTION D – EXPENSES		
1. Are you in receipt of other scholarship funding: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Please identify source/name of other scholarship and/or bursary funding:	Amount of other scholarship funding:	
i)	\$	
ii)	\$	
iii)	\$	
Total amount of other scholarship funding:		\$
3. Applicant Expenses (receipts required):		
a) Tuition:	\$	

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b) Textbooks:	\$	
c) Other:	\$	
(specify other)		
TOTAL:	\$	

4. Cheque should be made payable to: (Please print clearly, name/street/city/province/postal code)

NOTE: Cheque may be made out to the Post-Secondary Educational Institution.

FOR OFFICE USE ONLY (SECTION D)

Information Verified by (print name):	Date (yy/mm/dd):	Signature:
Comments:		

SECTION E – REQUIRED DOCUMENTATION

<p>1. Applicant Information</p> <p>i) Documentation that you are the child of a police or peace officer who was slain in the line of duty:</p>	<p>a) Proof of relationship to Police or Peace Officer enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously provided</p> <p>b) Birth certificate of applicant enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Previously provided</p>
<p>2. Educational Institution Information</p> <p>i) Documentation that the course or courses for which you are seeking a scholarship will lead to a degree or diploma:</p>	<p>a) Proof that course/courses lead to a degree/diploma enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>ii) Proof of acceptance to the educational institution for which you are seeking a scholarship:</p>	<p>a) Acceptance Letter from educational institution enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>iii) Previous year's transcripts must be submitted (if returning applicant):</p>	<p>b) Previous year's transcripts/statement of marks enclosed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Expenses</p> <p>i) Tuition and related fee:</p>	<p>a) Proof of tuition expense enclosed (receipts): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>ii) Textbooks:</p>	<p>b) Proof of textbooks expense enclosed (receipts): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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iii) Other (specify other) :	c) Proof of specified 'other' expense enclosed (receipts): <input type="checkbox"/> Yes <input type="checkbox"/> No
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FOR OFFICE USE ONLY (SECTION E)		
Information Verified by (print name):	Date (yy/mm/dd):	Signature:
Comments:		

I hereby confirm that I have read the Memorial Ribbon Scholarship 'rules and regulations' and that the information that I have provided in this application is true and accurate.	
I agree to provide a copy of my transcripts within 90 days of the completion of each year of my studies and to provide a copy of my degree or diploma with 90 days of the completion of my studies.	
Applicant Signature:	Date:

FOR ENQUIRIES/QUESTIONS: Memorial Ribbon Scholarship manager, at scholarship@memorialribbon.com or (604) 944-9753.

PLEASE SUBMIT YOUR APPLICATION AND ALL REQUESTED SUPPORTING DOCUMENTATION TO:

Police and Peace Officers' Memorial Ribbon Society
 Memorial Ribbon Scholarship Advisory Council
 PO Box 78022, 3295 Chestnut Street
 Port Coquitlam, British Columbia
 V3B 7H5