

2016 Bryant Peney Memorial Scholarship

Rules for the Bryant Peney Memorial Scholarship Foundation are as follows:

1. This is a four (4) year Scholarship. The total amount of this scholarship will be \$1,500.00 per year, which will be paid annually to the accredited college, university or other educational institution of the awardees choice. The recipient must complete a renewal application each year in order to qualify for the second, third and fourth year's renewal. Each renewal application must include a copy of the recipient's most current college transcript. Recipients must maintain and meet scholarship requirements annually.
2. The recipient must be the dependant of a Fort Lauderdale Police Officer who is active, retired or vested.
3. The scholarship will be awarded on the basis of scholarship attainment, economic need, G.P.A. and community involvement.
4. The selection of the applicants shall be made by the Board of Directors of the Bryant Peney Memorial Scholarship Foundation, Inc.

5. **Applications MUST BE TYPED.**

6. Applications must be submitted and postmarked by June 15, 2016 to:

Mr. Joel Peney
183 Timbergate Trail
Blairsville, GA 30512

PLEASE CHECK WEBSITE FOR APPLICATION SUBMITTAL DEADLINE

7. The scholarship winner shall receive notification by registered mail.
8. The applicant is to fully understand that in accepting this scholarship that:
 - A. It must be his/her intention to complete college
 - B. An overall average of a 2.0 GPA must be maintained
 - C. The scholarship will be terminated should the recipient not fulfill the above requirements
 - D. Each year a renewal application must be completed and forwarded along with a current college transcript in order for the scholarship to continue
 - E. Any deviation from this procedure must be submitted to the Board of Directors for consideration. Their decision will be final.
 - F. Checks will be made out to the college selected by this individual and forwarded to the appropriate address.
 - G. It is the responsibility of the scholarship winner to inform the Scholarship Foundation the correct mailing address to where checks should be mailed.

Application rules are subject to change

Application is also available on-line at www.bryantpeney.com

Bryant Peney Memorial Scholarship Foundation Inc. Application for Scholarship Assistance

Full Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: _____ **Social Security No:** _____

Telephone No: _____ **Cell Phone No.** _____

Resident of Area: _____ years. **Place of Birth:** _____

Email Address: _____

Father's Full Name: _____

Father's Employer: _____

Mother's Full Name: _____

Mother's Employer: _____

List Siblings Names & Age: _____

What College or Educational Institute do you plan to attend? _____

Have you made application? _____ **If Yes, Have you been accepted?** _____

College Address: _____

City: _____ **State:** _____ **Zip** _____

**Peney Memorial Scholarship Foundation Inc.
Application for Scholarship Assistance**

Have you applied for Financial Aide? _____ Were You Accepted? _____

If Yes, How Much Financial Assistance will you receive? _____

Have you applied for other Scholarships? _____ Were You Accepted? _____

If Yes, List the name and amount you will receive annually: _____

Have you applied for a Student Loan or Grant? _____ Were You Accepted? _____

If Yes, How much have you or will you receive? _____

How much will your family contribute financially to your education? _____

Indicate Family Income: _____ Less than \$25,000 _____ \$25,000 to \$50,000
_____ \$50,000 to \$75,000 _____ \$75,000 to \$100,000 _____ \$100,000 +

How Much Financial assist will you require annually? _____

Currently, are any members of your family attending college? _____

If yes, please list details: _____

Are you currently employed? _____ If Yes Where: _____

Hours per week: _____

Do you plan on working while attending college? _____ If Yes, explain below.

**Peney Memorial Scholarship Foundation Inc.
Application for Scholarship Assistance**

What special recognition, if any, have you received for excellence in school work?

Please use additional paper and attach if needed

List any offices or positions held or special recognition received in school or from community activities:

Please use additional paper and attach if needed

List school and community activities in which you have participated:

Please use additional paper and attach if needed

Peney Memorial Scholarship Foundation Inc.

Application for Scholarship Assistance

Explain briefly the college training you wish to obtain (i.e. general college, pre-professional, business administration, etc) and tell why you have chosen to seek this kind of preparation:

Please use additional paper and attach if needed

In 200 words or less, tell us about your life during the past few years and why you want a college or technical education

Please use additional paper and attach if needed

**Bryant Peney Memorial Scholarship Foundation Inc.
Application for Scholarship Assistance**

**Please submit with completed application your current
high school or college transcripts.**

**Please submit a recent photo of your self (no staples please)
Photo should be full face and 2½ × 3½ or 3½ × 5 on quality photo paper.
NO SELFIES – These will be used for Scholarship Award Display**

Please have this Completed Application Notarized

Applicant's Signature: _____

Applicant's Email Address _____

Date: _____

Sworn to and subscribed before me this _____ Day of _____ 2016

Notary Public Signature **My Commission Expires:** _____