

# Bryant Peney Memorial Scholarship

Application is also available online at [www.bryantpeney.com](http://www.bryantpeney.com)

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

1. This is a yearly scholarship. The total amount of this scholarship will be \$1,500.00 or \$500.00 which will be paid to the accredited college, university or other educational institution of the awardee's choice. The recipient must complete a new application each year in order to requalify for the second, third, and fourth year's renewal. Each new 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 dependent 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. You may attach additional pages.**
6. The complete notarized application and transcripts shall be scanned and emailed with a current photo by June 15<sup>th</sup>, 2024 to [Info@BryantPeney.com](mailto:Info@BryantPeney.com)
7. The scholarship winner shall receive notification by email.
8. The applicant is to fully understand that in accepting this scholarship-they shall:
  - A. Intend to complete college
  - B. Maintain an overall average of a 2.0 GPA
  - C. Understand that the scholarship will be terminated should the recipient not fulfill the above requirements
  - D. Complete and forward a new application each year along with a current college transcript in order for the scholarship to be renewed.
  - E. Submit any deviation from this procedure to the Board of Directors for consideration. Their decision will be final.
  - F. Understand that checks will be made out to the college selected by this individual and forwarded to the appropriate address.
  - G. Inform the Foundation of the correct mailing address and department to where checks should be mailed.
  - H. Type the application.

Application rules are subject to change

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

<b>Full Name:</b> _____		
<b>Home Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____
<b>Date of Birth:</b> _____	<b>Student ID No.</b> _____	
<b>Telephone No:</b> _____	<b>Cell Phone No.</b> _____	
<b>Resident of Area:</b> _____	<b>years.</b>	<b>Email:</b> _____

<b>Father's Full Name:</b> _____
<b>Father's Employer:</b> _____
<b>Mother's Full Name:</b> _____
<b>Mother's Employer:</b> _____
<b>List Siblings Names &amp; Age:</b> _____
_____

<b>What College or Educational Institute do you plan to attend?</b> _____
_____
<b>Have you made application?</b> _____ <b>If Yes, Have you been accepted?</b> _____
<b>Address where scholarship check will be processed:</b>
_____
<b>City:</b> _____ <b>State:</b> _____ <b>Zip</b>
<b>Have you previously received the Bryant Peney Memorial Scholarship? Yes</b> ___ <b>No</b> ___

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

Have you applied for Financial Aid? \_\_\_\_\_ 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?**

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**Please use additional paper and attach if needed**

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

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**Please use additional paper and attach if needed**

**List school and community activities in which you have participated:**

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**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**

# 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 yourself  
Photo should be submitted with the application by email to [Info@BryantPeney.com](mailto:Info@BryantPeney.com)**

**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** \_\_\_\_\_ **2024**

\_\_\_\_\_  
**Notary Public Signature** **My Commission Expires:** \_\_\_\_\_