

2026 Bryant Peney Memorial Scholarship

WE WILL NOT ACCPET PRIOR COMPLETED APPLICATIONS, PLEASE UTILIZE THE 2026 APPLICATION ONLY.

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. COMBINE ALL INFORMATION INTO ONE DOCUMENT and save with your full name.**
6. The complete notarized application and transcripts shall be scanned and emailed with a current photo by June 15th, 2026 to 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.

Bryant Peney Memorial Scholarship Foundation Inc. 2026 Application for Scholarship Assistance

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

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? _____
Address where scholarship check will be processed:

City: _____ State: _____ Zip _____
Have you previously received the Bryant Peney Memorial Scholarship? Yes ___ No ___

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Do you have a Florida Pre-Paid Account? _____

Are you a recipient of a Florida Bright Futures Award? _____ **Select Below.**

Florida Academic Scholars (FAS) _____ **or Florida Medallion Scholars (FMS)** _____

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? _____

Are you currently employed? _____ **If Yes Where:** _____

Hours per week: _____

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

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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

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**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**

**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 _____ 2026

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