



NEW YORK STATE POLICE INVESTIGATORS ASSOCIATION

421 LOUDON ROAD

ALBANY, NY 12211

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## SCHOLARSHIP APPLICATION

***DUE JULY 16, 2025***

*(may be returned via mail, email or fax)*

**Please type or print clearly**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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### **Education**

High School or College currently attending: \_\_\_\_\_

Cumulative GPA (current semester): \_\_\_\_\_

Highest college entrance exam scores: SAT MATH \_\_\_\_\_

Highest college entrance exam scores: SAT READING \_\_\_\_\_

Highest college entrance exam scores: SAT WRITTEN \_\_\_\_\_

Highest college entrance exam scores: ACT \_\_\_\_\_

### **Collegiate Plans**

Name of college or university accepted to or currently attending : \_\_\_\_\_

Anticipated type of degree and major at graduation: \_\_\_\_\_

**Eligibility**

Name of NYSPIA member: \_\_\_\_\_

Relationship of NYSPIA member: \_\_\_\_\_

NYSPIA assignment location: \_\_\_\_\_

NYSPIA member's immediate supervisor's name: \_\_\_\_\_

NYSPIA member's immediate supervisor's phone: \_\_\_\_\_

**Please include/attach a personal statement including what this scholarship will mean to you**

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***For internal use only***

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Date approved: \_\_\_\_\_ Check number: \_\_\_\_\_