

NYSPIA

FALLEN HEROES MEMORIAL SCHOLARSHIP

NEW YORK STATE POLICE INVESTIGATORS ASSOCIATION

421 LOUDON ROAD

ALBANY, NY 12211

PHONE: (518) 436-0120

SCHOLARSHIP APPLICATION

DUE JULY 22, 2026

(may be returned via mail, or by email)

Please type or print clearly

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

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



For internal use only

Date received: _____ Date reviewed: _____

Date approved: _____ Check number: _____