

FRATERNAL ORDER OF POLICE  
ASSOCIATE LODGE OF KENTUCKY

SCHOLARSHIP APPLICATION  
for the  
DR. WILLIAM C. CREECH MEMORIAL SCHOLARSHIP

Applicant's Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City, State ZIP)

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Parent/Guardian-Member of \_\_\_\_\_  
FOP Lodge Name and Number

Parent/Guardian name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City, State ZIP)

High School Now Attending: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State ZIP)

Phone: \_\_\_\_\_ Principal's Full Name: \_\_\_\_\_

(continued)

COLLEGE INTENTIONS: Write a short paragraph outlining your intended course of study and the university/college you plan to attend. Also, include a separate one-page essay about yourself, your objectives, clubs, functions, activities, and personal interest.

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I have read the attached rules for the Associate Lodge of Kentucky Dr. William C. Creech Memorial Scholarship and hereby agree to conform to same. I wish to submit my name as a candidate for this scholarship

\_\_\_\_\_

(Applicant's Signature) (Parent/Guardian Signature)

Date Signed: \_\_\_\_\_

Please complete this application form and forward it to the local Fraternal Order of Police Lodge of which your parent/guardian is a member. Be sure to attach your one-page essay and the official grade transcript for the last three and one-half years of high school.