



# THE OFFICER EDWARD NEVES SCHOLARSHIP APPLICATION

## SPONSORED BY THE PORTUGUESE-AMERICAN POLICE ASSOCIATION

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

High School or College Currently Attending:

\_\_\_\_\_

College(s) Applied To or Attending:

Name	Location	Accepted	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Which Will You Attend? \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree Type: \_\_\_\_\_ or Certificate: \_\_\_\_\_

List High School, College, or Community Activities You Participated In:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Offices Held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Awards/Honors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Volunteer & Work Experience

Organization	Dates	Position(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is any member of your family a member of P.A.P.A?    Yes    No  
If yes, who? \_\_\_\_\_ Relationship To You? \_\_\_\_\_

How do you plan to fund your education?  
\_\_\_\_\_  
\_\_\_\_\_

Have You Been Awarded Any Other Scholarship Or Financial Aid?    Yes    No  
If Yes, Please List Below.

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

Explain Your Level of Proficiency In The Portuguese Language (Conversational, Fluent, Read, Write, Etc)  
\_\_\_\_\_  
\_\_\_\_\_

### To Complete Your Application, Please Attach The Following:

1. An essay of no more than three paragraphs stating why you wish to pursue your career.
2. A high school transcript that includes your class rank.
3. A current college/university transcript.
4. A letter or reference/recommendation from each of the following:
  - a. Your Guidance Counselor or Advisor
  - b. A personal reference, preferably someone who have worked with. (Non family)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail To:**  
**Scholarship Committee**  
**Portuguese American Police Association Inc**  
**PO BOX 51523**  
**New Bedford, MA 02745-0045**

*Please attach any additional information with this form.*

*Note: Applications Must Be In By: \_\_\_\_\_*