

FILIPINO AMERICAN LAW ENFORCEMENT OFFICER ASSOCIATION – FALEO SACRAMENTO

First Name:

Scholarship Application Form

Please type your answers:

Last Name:

	Mailing Address:					
	Street:					
	City:	State:		Zip code:		
	Home Phone: ()	Cell F	Phone: ()			
	Email Address:					
	Date of Birth:					
Academ	nic Record					
	Name of High School:					
	Address:		City and State:			
	Dates Attended:	to	Graduation Date:			
	GPA:		Degree, if applical	ble:		
	Select your present year atte	ending high school, if applicable	: Freshman	Sophomore	Junior	Senior
	Name of College currently at	tending or accepted:				
	Address:		City and State:			
	Dates Attended:	to	Graduation Date:			
	Major:		l			
	Units Completed:		GPA:			
	List Any academic honors, as	wards and membership activitie	<u>l</u> s while in high scho	ol. or currently	in college:	
	List Any academic nonors, as	wards and membership activitie	s while in high scho	oi, or currently	in college:	



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Essay	Question:
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