**LEAF Scholarship Program**

***Scholarships Available!***

**Highlights**

The Law Enforcement Assistance Fund (LEAF), the charitable arm of The Law Enforcement Assistance Partnership, LEAP, announces the 2025 ***LEAF Scholarship Awards Program. Our Scholarship Awards Program mirrors the TN HOPE Scholarship guidelines, please review at:*** [***https://www.collegefortn.org/tennessee-hope-scholarship-faqs/***](https://www.collegefortn.org/tennessee-hope-scholarship-faqs/)

Under this Program, scholarships will be awarded to seniors having graduated from a high school in Tennessee. Only children or stepchildren of sworn officers in the Franklin Police Department are eligible to apply. Each qualifying applicant will be eligible for a one-time award of $1,000, with one applicant having the highest GPA being awarded the Jeff Carson Award and a one-time $2,500 scholarship. Those individuals receiving a scholarship award will be eligible for up to 3 additional years as long as they maintain a 2.75 GPA. For 2025-2026 academic year this continuing scholarship award will be $500. All awards are at the discretion of the LEAP Board.

**Program Guidelines & Priorities:**

\* Seeking graduating seniors.

\* Applicants must have a minimum weighted GPA of 3.0 and plan to attend an accredited 2 or 4-year College.

\* All applicants, whether this is your first time or subsequent year 2-3-4, must submit a completed 2025 Scholarship Application for consideration.

\* Scholarship funds will be paid ***in AUGUST 2025* directly to the college institution** on the student’s behalf. It will be the student’s responsibility to submit their final proof of eligibility at that time, including an invoice for tuition and fees showing your student ID number and college accounting/purser’s office mailing information.

Prepare and email one copy of a completed and typed application package to: [**LEAPFranklinorg001@gmail.com**](mailto:LEAPFranklinorg001@gmail.com)

The completed application and transcript must be submitted and accepted by **1800hrs May 31, 2025.**

Please share any question or comment to**:** [**LEAPFranklinorg001@gmail.com**](mailto:LEAPFranklinorg001@gmail.com) **– or call 855-511-LEAP**

**PLEASE encourage family and friends to help and support all the LEAP benefit programs:**

* Donations are greatly appreciated. Please make checks payable to LEAP, PO Box 680096, Franklin, TN 37068-0096 and note on the comment line “LEAF”.
* LEAP is a 501c3 not-for-profit with all donations being 100% tax deductible.
* **Kroger.com** Click the tab “Community” -> Community Rewards, then link your current Kroger Plus Shopper Card number to the “**UP587” *Law Enforcement Assistance Partnership***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Last Name: | | First Name: | |
|  | Applicant’s Mailing Address Street: City:  State:  Zip: | | | |
|  | Daytime Telephone Number:  Applicant’s Email Address: | | | |
|  | Date of Birth: mmddyyyy  Gender: | | | |
|  | Weighted Grade Point Average (GPA): (On a 4.0 scale)  ***\*Attach proof of GPA. Your most recent school transcript is required.*** | | | |
|  | Name and location of High School attending: | | | |
|  | What college will you attend, please provide school name, city/state: | | | |
| * 88 88 | Community Service History: | | | |
|  | Is your parent or legal guardian a sworn Officer of the Franklin Police Department? **Y / N**  If your answer is ‘yes’ please complete blocks A and B below. If your answer is ‘no’ then you are not eligible to apply.) | | | |
|  | A. | His/her full name: | | |
| B. | FPD Rank & Position  Parent cell phone | |  |
|  | Name & address of parent(s) or legal guardian(s):**(Include home address if different than your own listed in Question 2.)**  Name(s):  Street:  City:  State:  Zip:  Best contact phone of parent or legal guardian: Work phone: | | | |

**2025 SCHOLARSHIP APPLICATION**

### 2025 Scholarship Application

### STATEMENT OF ACCURACY FOR STUDENTS

**I hereby understand that if chosen as a scholarship winner, according to LEAF Scholarship policy,**

**I may be asked to attend an awards ceremony or reception to receive my scholarship award. I also consent to have my photo image used in the promotion of the Fund’s scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)**

**I hereby understand that if chosen as a scholarship winner, according to LEAF Scholarship policy, it is my responsibility to remit to LEAP the requested information for my scholarship to be paid directly to my educational institution in August 2025.**

**I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship**

**I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge.**

**This will be my 1st 2nd 3rd 4th year of eligibility to apply for the LEAF Scholarship.**

**(please check)**

**Signature or Initials of applicant: **

**Date: **

**Applicant Checklist:**

***Application complete***

***School Transcript Attached***

**E-MAIL YOUR COMPLETE APPLICATION PACKAGE TO THE FUND AT:**

[**LEAPFranklinorg001@gmail.com**](mailto:LEAPFranklinorg001@gmail.com)

***REMINDER:***

***THE APPLICATION PACKET MUST BE RECEIVED BY THE FUND NO LATER THAN***

***1800 HRS, MAY 31, 2025***