

Blue Coats of Louisville Scholarship Fund

Deadline for Application: Rolling

The purpose of this scholarship is to provide financial assistance for educational purposes to police or firemen in the employ of the City of Louisville and policemen in the employ of Jefferson County, Kentucky who were disabled in the line of duty. This scholarship may also be awarded to a dependant spouse or child of such policeman or fireman killed in the line of duty.

Application Procedure

To apply for this scholarship please submit the following:

1. This application form;
2. **For police or fireman:** letter from agency of employment or other appropriate agency regarding employment and disability status (must reference "in the line of duty");
3. **For dependant spouse or child:** letter from agency that employed the deceased or other appropriate agency regarding service, cause of death (must reference "in the line of duty"), and proof of relationship by birth certificate/marriage certificate;
4. A personal statement detailing why you feel you are the best candidate for this scholarship;
5. Official high school transcript if an entering first year student or official college transcript if transferring to the University of Louisville. Current University of Louisville students need not submit a transcript.
6. Submit to: University of Louisville
Student Financial Aid Office
Blue Coats of Louisville Scholarship
Houchens - 110
Louisville, KY 40292
Fax: (502) 852-0182

Name _____ Student ID# _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone _____

Cumulative GPA _____ Major _____

Certification Statement: I certify that all the information on this form is accurate and complete to the best of my knowledge. I certify that I meet the criteria required for the awarding of this scholarship. I consent to the release of all application materials including my academic transcript and other financial aid award information to the Blue Coats Scholarship Committee for selection purposes and to the donor(s) for reporting and renewal purposes.

Student Signature

Date

Office Use Only

SCHAP In Progress

Certification Received/Correct

Personal Statement Received

Committee Member 1 Initials: _____ Rank: _____	Committee Member 2 Initials: _____ Rank: _____	Committee Member 3 Initials: _____ Rank: _____
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<input type="checkbox"/> Selected <input type="checkbox"/> Not Selected	<input type="checkbox"/> Student Notified	<input type="checkbox"/> SCHAP Completed	<input type="checkbox"/> Award Complete
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