Missouri Peace Officers Foundation
101 West McCarty, Suite 200
Jefferson City, MO 65101
Office (816) 581-3767
the.mpoa@mopoa.org

2025 SCHOLARSHIP APPLICATION

Name	Date of Birth
Address	
Cell:E	Email:
MPOA Member in your family	
Department	
High School/College Activities: List teams/honors, music, debate, etc.	organizations and offices held, athletic (Use additional page if necessary)
High School Name	Graduation Date
High School & Address	IVIIVI/ T T
ACT Score	GPA
Rank in graduating class	Number in graduating class
College NameName	College GPA
Names/address of high schools/col	leges attended and dates:
	to
	to
	to

Name of post-high scho	ool institution, college, or university you expect to attend:
What are your career pl	ans after completing your college program?
Explain why you need th	his financial assistance. (Continue on separate page if necessary)
What have you done, or	r plan to do, to help finance your college education?
I agree that if granted a regarding my scholasti President in order that	I/college transcript must be attached to be considered. scholarship, I will, if requested, make my grades or other factors ic record available to the Missouri Peace Officers Foundation MPOF members who make this scholarship available may know with their investment in me.
I hereby certify that the knowledge and belief.	e above statement of information is correct to the best of my
Date	Signature of Applicant
Mail application to:	Missouri Peace Officers Foundation 101 West McCarty, Suite 200 Jefferson City, MO 65101

Application Deadline: March 20, 2025

PLEASE NOTE: You will receive a confirmation email upon receipt of your application.