## Police Officer Assistance Trust 1030 NW 111th Avenue, Suite 232 Miami, FL 33172

30 NW 111th Avenue, Suite 232 Miami, FL 3317 Office: (305) 594-6662 Fax: (786)-336-1017 www.poat.org E-mail: poatoffice@msn.com



## APPLICATION FOR EDUCATIONAL ASSISTANCE - LINE OF DUTY SURVIVORS

This form must be filled out completely and notarized. A letter of recommendation from a teacher or guidance counselor, a current photograph, copy of your high school transcripts, and a brief biographical essay must accompany this application.

	STUD	ENTINFORI	MATION	
Student Name:  Last Name		First N		
Date of Birth:	<u></u>	Gender:		
Home Address:		_ City:	State:	Zip Code:
Phone #:	Cell #:		Email:	
	PARENT/GU	ARIDAN INF	ORMATION	
Parent/ Guardian: Last Name	÷	First	Name	
Agency:		Assignment:		
Phone #:	Cell #:		Email:	
	EDUCAT	IONINFORM	ATION	
Name High School	Test scores if available:	County	FCAT:	
List all scholastic honors, honor society, membership, club involvement, office or position held, special recognitions, special activities and volunteer work.	al			
Have you applied to a College/	Jniversity? Yes ○ No	Have you been a	ccepted? Yes	) No
Name of College planning to atte	end:		<u> </u>	
Address:		City:	State:	Zip code:
Major:		Degree:		
Explain briefly what your intended major is and why you have chosen this field of study:				

any scholarships you have been awarded:    Scholarship Name	Amount		Yes		
any scholarships you have been awarded:    Scholarship Name	Amount			0	No
Scholarship Name	Amount				
Scholarship Name  Scholarship Name  Amount  Total  The following documents must be attached to application  Letter of recommendation from a teacher or guidance counselor?  Current picture?  Yes No  Copy of high school transcript?  Yes No  Brief biographical essay?  To the best of my knowledge, all of the information supplied in this application is true and correct the product of the print Applicant Name  Reviewed by  ed and sworn to (or affirmed) before me on	Amount				
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Notary Seal Number	known to me or has prod		dger		
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