

The Connecticut Police Foundation 365 Silas Deane Highway, #1A Wethersfield, CT 06109

Robert DiBella Scholarship Application Form

Name:				
Personal Informa	tion			
Home Address:				
City:			State:	Zip:
Home Phone:				
Social Security No):		Date of Birth:	
Work Information	1			
Police Department	t:			
Street Address:				<u></u>
City:			State:	Zip:
Email:				
Years in law enfor	cement:		Rank: _	
Educational back	ground			
List your education	nal background:	(Beginning with hi	gh school)	
School/College	Location	Dates Attended	Course of Study	Certficate, Diploma/Degree
Explain briefly you	r educational go	oals. Please indica	te institution and pr	ogram or courses in
which you plan to	enroll.			
If awarded a grant	, I agree to subr	mit necessary docu	umentation of expe	nses and a report on the
outcome of my stu	ıdies, including (grades, to the Scho	olarship Committee).
	_	-		
(Signature)				Date

Please submit this signed application, along with the Scholarship Financial Aid Form to the police chief in your department before **May 1, 2024.**



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THIS SIDE TO BE FILLED IN BY POLICE CHIEF IN TOWN WHERE APPLICANT WORKS

How many applicants did you have from your depar	tment:
My nominee for a 2024 DiBella Scholarship is:	
Chief's Signature	 Date
CHIEF'S RECOMMENDATION:	
SHILL O RECOMMENDATION.	

Each chief may sponsor **only one** scholarship candidate from his department per year. Please sign and return this form **along with the applicant's financial aid form** no later than **May 13**, **2024** to:

Robert DiBella Scholarship
Connecticut Police Foundation
Attention: Pamela D. Hayes, Director
365 Silas Deane Highway-1A
Wethersfield, CT 06109