



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

**Robert DiBella Scholarship Application Form**

Name: \_\_\_\_\_

**Personal Information**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Work Information**

Police Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Years in law enforcement: \_\_\_\_\_ Rank: \_\_\_\_\_

**Educational background**

List your educational background: (Beginning with high school)

School/College	Location	Dates Attended	Course of Study	Certificate, Diploma/Degree

Explain briefly your educational goals. Please indicate institution and program or courses in which you plan to enroll.

\_\_\_\_\_  
\_\_\_\_\_

If awarded a grant, I agree to submit necessary documentation of expenses and a report on the outcome of my studies, including grades, to the Scholarship 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**.

