

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

**Robert DiBella Scholarship Application Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(street, city, zip)

Social Security No. \_\_\_\_\_

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

Address \_\_\_\_\_  
(street, city, zip)

Years in law enforcement \_\_\_\_\_ Rank \_\_\_\_\_ Date of Birth \_\_\_\_\_

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)

Please submit this signed application, along with the Scholarship Financial Aid Form to the police chief in your department before **April 16, 2021**.

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

1. How many applicants did you have from your department \_\_\_\_\_

2. My nominee for a 2021 DiBella Scholarship is \_\_\_\_\_

\_\_\_\_\_  
Chief's Signature

\_\_\_\_\_  
Date

4. CHIEF'S RECOMMENDATION:

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

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 **April 30, 2021** to:

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