Carl Moller Scholarship Program

Application Form

Name				
Home Address	Information			
Street Address:				
				Zip:
Accredited High	h School Informa	ation		
Name of High Sc	hool District Spon	sor:		
Title:				
				Zip:
Nomination Po	lice Chief Inform	nation		
			State:	Zip:
				,—P:
Candidate Info	rmation			
		Email Address:	:	
,				
List your High S	School education	al background:		
High School	Location	Dates Attended	Course of Study	Expected Date
				of Graduation
		_		_
List your Extrac	curricular Activiti	ies (sports, clubs, em	ployment, Scouts	s, awards, etc.)
_				
	d page briefly explain programs to which	in your interest in a law e you are applying.	enforcement career. F	Please indicate
		1176		
	rant, I agree to subrater than September	nit necessary documentater 1, 2025.	tion of expenses to th	ne Scholarship
(Signature)			(Date)	

Carl Moller Scholarship Program

Please submit this signed application before **April 1, 2025** along with:

- The recommendation letter from your High School sponsor.
- The Scholarship Financial Aid Form.

THIS SECTION TO BE FILLED IN BY THE SPONSOR IN THE TOWN WHERE THE APPLICANT ATTENDS HIGH SCHOOL

SPONSOR'S RECOMMENDATION:

(Please attach separate letter)

THIS SECTION TO BE FILLED IN BY THE POLICE CHIEF IN THE TOWN WHERE THE APPLICANT LIVES OR ATTENDS HIGH SCHOOL

CHIEF'S RECOMMENDATION:

(Please attach separate letter)

Please sign and return this form along with the applicant's high school sponsor letter and financial aid form no later than April 15, 2025 to:

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