## **Carl Moller Scholarship Program**

## **Application Form**

Name				
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treet Address: _				
				Zip:
ome Phone:				
ccredited High	n School Inform	ation		
ame of High Sc	hool District Spor	nsor:		
itle:				
				Zip:
	lice Chief Inforn	nation		
			State:	Zip:
st your High S	Location	Dates Attended	Course of Study	Expected Date of Graduation
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On an attached		ain your interest in a law e		
	rant, I agree to sub later than Septemb	mit necessary documentatoer 1, 2026.	tion of expenses to th	ne Scholarship
Signature)			(Date)	

## **Carl Moller Scholarship Program**

Please submit this signed application before **April 1, 2026** 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, 2026 to:

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