

# **Superion / Sonnie Simpson College Scholarship**

Presented by

**Superion**

and

**The North Carolina Police Executives Association**

**2018 Application Packet**

North Carolina Police Executives Association

P.O. Box 372

Atlantic Beach, North Carolina 28512

[www.ncpea.org](http://www.ncpea.org)

## **Scholarship Information Sheet**

The purpose of the Superion / Sonnie Simpson Scholarship is to provide financial aid to deserving dependents of active or life members of the North Carolina Police Executives Association (NCPEA) and to dependents of NCPEA members killed in the line of duty.

## **ELIGIBILITY**

- Applicant must be a dependent of an active or life member of the North Carolina Police Executives Association (NCPEA); or must be the dependent of an officer killed in the line of duty while an active member of NCPEA (**NOTE:** priority consideration will always be given to qualified dependents of members killed in the line of duty).
- “Dependent of active or life member” is defined as: a son, step-son, daughter, step-daughter, adopted child, or foster child of an NCPEA active or life member who lives with the member for the entire year and/or who receives at least one-half of his/her support from the member.
- “Dependent of an officer killed in the line of duty while an NCPEA active member” is defined as: a son, step-son, daughter, step-daughter, adopted child, or foster child who lived with the member full-time and/or received at least one-half of his/her support from the member at the time of the member’s line-of-duty death.
- Applicant must not have reached his/her twenty-fifth birthday prior to August 15 of the year in which the scholarship is awarded.
- Applicant must be enrolled in, or must have been accepted to and/or enrolled in, an undergraduate program at a two-year or four-year, college or university.
- Applicant must attend on-campus classes at the college or university on a full-time basis.

## **SCHOLARSHIP DETAILS**

- The level of funding per scholarship and/or the number of scholarships awarded may vary as deemed necessary by the NCPEA Executive Committee.
- The minimum award granted to a scholarship recipient will be \$500.
- The scholarship is not recurring.
- Applicants are eligible to receive only one scholarship from the program.
- No restriction will be placed on the degree or course of study in which the student is enrolled.
- Scholarship funds may be used to pay tuition, fees, on-campus lodging, books, or any other expenses managed or directed through the cashier’s office of the recipient’s college or university.
- Scholarships may be rescinded and funds re-claimed by the NCPEA if the recipient, for whatever reason, fails to complete the fall semester/quarter of the academic year for which the scholarship was granted.

## **SCHOLARSHIP PROGRAM TIMELINE**

- Applications will be accepted between February 20 and May 20, 2018.
- Scholarship recipients will be notified on or about June 20, 2018.
- Scholarships are awarded for the academic year that commences in the fall of 2018.
- Funds will be deposited directly with the recipient’s college or university after the recipient has completed at least ten days of classes in the fall semester of the year in which the scholarship is awarded.

## **Application Instruction Sheet**

- Read all information and instructions carefully. Incomplete and incorrect applications are subject to rejection.
- Type or print all information.
- Be sure to sign the application.
- If the space provided for your responses is not sufficient, you may write “see attached” on the application and include the necessary information on a separate sheet.
- A transcript of all completed coursework from your current high school or college/university must accompany the application (NOTE: If school will not deliver transcript to you, one must be received at the address below by May 11).
- The application must be accompanied by two reference letters that address your character, scholastic aptitude, and involvement in school/community activities. The letters should be sealed in separate envelopes. Each letter must include contact information for the reference.
- Be sure to keep a copy of the completed application packet.

For questions, contact NCPEA Executive Director Wrenn Johnson at:

*info@ncpea.org*

### **Return the completed application packet to:**

North Carolina Police Executives Association  
ATTN: Sonnie Simpson Scholarship  
P.O. Box 372  
Atlantic Beach, North Carolina 28512

# Application

Please read the *Scholarship Information Sheet* and the *Application Instruction Sheet* thoroughly before completing the application. The deadline for applications is May 20, 2018.

## Personal Data:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address: Number and Street: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( ) \_\_\_\_\_ - \_\_\_\_\_ Daytime/other ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Check and complete one of the following two statements:

\_\_\_\_\_ I am a dependent of \_\_\_\_\_ (insert name and rank/title), an active or life member of the North Carolina Police Executives Association employed by or retired from \_\_\_\_\_ (agency name).

\_\_\_\_\_ I am a dependent of \_\_\_\_\_ (insert name), an officer killed in the line of duty on \_\_\_\_\_ (date) while he/she was an active member of the North Carolina Police Executives Association. At the time of death, he/she was employed by \_\_\_\_\_ (agency name).

**High School Data (last attended/current):**

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

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Attended From: \_\_\_\_\_/\_\_\_\_\_(month/year) To: \_\_\_\_\_/\_\_\_\_\_(month/year)

Grade Point Average (include scale if other than 4.0): \_\_\_\_\_ Class

Standing: \_\_\_\_\_ of \_\_\_\_\_

**College Data (last attended/current):**

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

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_

Attended From: \_\_\_\_\_/\_\_\_\_\_(month/year) To: \_\_\_\_\_/\_\_\_\_\_(month/year) Grade Point

Average (cumulative): \_\_\_\_\_

At which college or university will you be a full-time student in the fall? (NOTE: If you have not yet committed to a university please note all colleges at which you've been accepted)

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**Community Service/Extra Curricular Activities/Work Experience:**

Please list information describing activities, organizations and/or work experiences in which you were involved during the last four years; either in high school (grades 9-12) and/or at a college/university.

| <b>Activity/Organization/Work</b> | <b>Grade Level</b> | <b>Responsibilities/Job Description/Accomplishments</b> |
|-----------------------------------|--------------------|---|
|                                   |                    |   |
|                                   |                    |   |
|                                   |                    |   |
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|                                   |                    |   |

Please note any awards, honors and recognitions you have received during the last four years:

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**Essay:**

Please submit an essay (either typed or word processed) describing what receiving this scholarship would mean to you. The essay may be submitted on this sheet or on a separate attachment. The length of the essay should be no more than one page.

**Applicant Certification:**

I certify that the information provided in this application is true and accurate. I understand that the inclusion of false or intentionally misleading information will result in the rejection of this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Parent/Guardian Certification:**

I, \_\_\_\_\_, the parent/legal guardian (circle one) of the above named applicant, certify that I have reviewed the information provided in this application and believe it to be true. I also certify that I have reviewed and understand the eligibility requirements and other conditions associated with the Sonnie Simpson Scholarship as stipulated in this application packet.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Publicity Acknowledgement:**

If awarded a Sonnie Simpson Scholarship, I agree to allow my name and likeness to be used for publicity releases to further the aims and purposes of Superior and the North Carolina Police Executives Association scholarship program.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date