



Hillsborough Community College Foundation, Inc. Law Enforcement Scholarship Application

LAST NAME _____ FIRST NAME _____ M.I. _____

SSN (LAST 4 NUMBERS): _____ HCC STUDENT ID#: _____

MAILING ADDRESS (Street, Apt #): _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE: _____

Hawkmail email: _____@hawkmail.hccfl.edu

Alternante email: _____

1. HAVE YOU COMPLETED THE ONLINE FAFSA?

YES: _____ NO: _____

2. ARE YOU CURRENTLY ENROLLED IN THE LAW ENFORCEMENT PROGRAM AT HCC?

YES: _____ NO: _____

3. ARE YOU SPONSORED BY AN EMPLOYING AGENCY THAT IS PAYING FOR THE COST OF YOUR LAW ENFORCEMENT TRAINING?

YES: _____ NO: _____

4. HAVE YOU BEEN EMPLOYED AS A LAW ENFORCEMENT OFFICER?

YES: _____ NO: _____

LIST OTHER FINANCIAL ASSISTANCE/SCHOLARSHIPS RECEIVED: _____

(Applicant Name -- Print first, then sign)

(Date)