



KENTUCKY TACTICAL OFFICERS ASSOCIATION, INC.

Student Scholarship Fund



FIELD 1: APPLICANT INFORMATION

Last Name: _____ First Name: _____ Initial: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____ Marital Status: _____

E-mail: _____ Phone Number: _____

High School: _____ From: _____ To: _____

College: _____ From: _____ To: _____

Other: _____ From: _____ To: _____

Employer: _____ Position: _____

Name of Institution Scholarship to be Utilized: _____

Present Level: _____

FIELD 2: FINANCIAL INFORMATION

Student's and Spouse/Parent's income and/or resources for the period of January 1 through December 31 of most recent year.

1. Wages, Salaries, Tips, or incomes

Do not include wage study earnings

Gross - Before Taxes _____

2. Other taxable income, dividends,
interest, etc. _____

3. Total value of other scholarships
currently awarded. _____

4. Do you reside with any parent or
spouse currently? Yes No

5. Do you receive meals or other
living expenses from any parent or
spouse? Yes No

6. Does any parent or spouse
provide assistance with educational
expenses? Yes No

****If you answered YES to questions 4, 5, or 6 then parent or spouse's income MUST be listed below****

Parent/Spouse Income \$ _____

Aid to Families with Dependant Children (AFDC) \$ _____

Social Security Income \$ _____

Other school assistance, grants, scholarships, etc. \$ _____

Veterans Admin. Benefit \$ _____

Other income/resources \$ _____

TOTAL INCOME \$ _____

FIELD 3: DECLARATIONS

1. Are you a spouse or dependant of a line of duty death officer or a deceased or disabled law enforcement officer? Yes No

If YES, please give the name and department of the officer at the time of death or disability:

2. Are you dependant of your parent or guardian (for tax purposes)? Yes No

3. Are you an immediate family member of a current or retired sworn KY Law Enforcement officer? Yes No

If YES, please provide Name, Relationship, Department, and address of relative:

Student Signature

Officer or Family Member Signature

FIELD 4: SWORN LAW ENFORCEMENT OFFICERS

To be completed by current sworn Law Enforcement Officers ONLY if applying for scholarship for yourself

Agency: _____

Service Years: _____

Address: _____

Rank: _____

City: _____

Phone Number: _____

State: _____ Zip Code: _____

Supervisor: _____

E-mail: _____

I attest that the department does not provide tuition assistance to department employees

Signature of Attesting Agency Head

FIELD 5: SUBMISSION REQUIREMENTS

Submit this completed application along with the following requested documents:

1. A letter that tells the KTOA and the selection committee about yourself. You may wish to include information about your extracurricular activities, community service, career goals, financial needs, and how you would use the scholarship.
2. Two letters of reference to include names, addresses, and telephone numbers of the reference in the event that the selection committee wishes to contact the reference for follow up information.
3. Proof of enrollment for the upcoming semester. (official class schedule from registrar's office or acceptance letter into your program)
4. Application must be received no later than Friday September 1st, 2023, by 5:00 PM.

For consideration all the above described information MUST be attached to the application upon submission

Mail completed application packet to : **Kentucky Tactical Officers Association, Inc.
C/O Michael Dietz, President
130 N. Ft. Thomas Ave.
Fort Thomas, KY 41075**

-or-

Email: mdietz@ftthomas.org

NOTE 1: Award is limited to a maximum of \$500 per year, except if the recipient is a survivor or dependent of a law enforcement officer who was killed in the line of duty wherein the award amount will be \$1000.

NOTE 2: The Kentucky Tactical Officers Association does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, marital status, veteran status, and/or any other protected status.