Blue Line Scholarship

HONORING FALLEN HEROS

Blue Line Scholarship Application

Academic Year: 2024-2025

Return completed applications via email or post mail.

Email: <u>bluelinescholarship@gmail.com</u>

Post Mail:
SPD Wives
2620 E Battlefield
Springfield, Missouri 65807

Application Deadline: March 24, 2025

SPD Wives Scholarship Fund

The SPD Wives group was founded in 2013 and continues to support the various needs of law enforcement officers and their families. The SPD Wives group objective is to bring fellow wives of Springfield Police officers together to provide support and encouragement. The goal of SPD wives is to strengthen the officer/ wife relationship through education opportunities and various support efforts. In outreach, SPD wives joins forces with established agencies to better support the community.

The Blue Line Scholarship was created by the Springfield Police Department Wives group. The funds to support the scholarship are made possible by annual Blue Line events in and around Springfield, Missouri. This scholarship is designed to support relatives of current, retired, medically discharged, or fallen law enforcement officers and their post high school educational plans. We look forward to reviewing your application and thank you for your interest in this scholarship.

The recipients of the Blue Line Scholarship will be recognized at the fourth annual Blue Line event in June 2025. The recipients will be contacted by May 6, 2025 to acknowledge their achievement and be provided with more details about accepting the scholarship certificate at the Blue Line event. Two scholarship awards in the amount of \$1,500 will be provided directly to the college/ trade school/ training in which the recipients are attends during the Fall 2025 semester.

ELIGIBILITY REQUIREMENTS

- Applicants must be a relative of a Law Enforcement Officer (current, retired, medically discharged, or fallen).
- Applicants must provide proof of a 3.0 GPA or greater and be graduating in the Spring of 2025.
- Applications must be returned or postmarked by March 24, 2025.

Scholarship Application

Student Name:	
Phone:	
Email:	_
Address:	
High School Graduating From/ Year:	Current GPA:
Training/ College you will attend during the 2024-	-2025 school year:
Relation to Law Enforcement Of	fficer (circle please):
Father / Mother / Brother / Sis	ster / Grandparent
If other relation, describe here:	
Law Enforcement Officer Name:	
Department/ Agency:	
County/ State:	
Currently Serving: Yes/ No	
If No- Date Retired/ Medically Discharged:	

How has being a part of a law enforcement family impacted you? Include important information such as personal experiences, relationship with the Law Enforcement Officer, and any other maningful information				
Officer, and any other meaningful information.				

Share information about yourself including plans after high school and major/occupation desired. Additionally, how will this scholarship help you achieve thos goals?				

Include any organizations, clubs, or extra-curricular activities you are involved in, including any honors you have received. Your chart may include church or community activities if you are actively involved.

Volunteer, Community, Church, Organizations, etc.	Jobs, Sports, Clubs, etc.	Honors/ Scholarships	Years Involved/ Received (ex. 2021-2024)

Any additional information you would like to share.	
I understand to be eligible for the 2024-2025 Blue Line Serelative of a Law Enforcement Officer (current, retired, m fallen) and provide proof of my current GPA (3.0 or great scholarship is a one time award in the amount of \$1,500 th my college/ trade school/ training program once I have preinformation (email & phone). I understand I must provide phone by September 19, 2025 or I will not be awarded the understand the deadline for the scholarship is March 24, 2 returned after the deadline will not be considered for the scholarship.	edically discharged, or er). I understand this hat will be sent directly to ovided the registrar's ethe registrar's email & e scholarship. I
Applicant Signature:	Date:
Counselor/ Advisor Signature:	
Phone: Date:	