

Newnan Coweta Public Safety Foundation, Inc.  
P.O. Box 1113  
Newnan, GA 30264

The Newnan Coweta Public Safety Foundation has been established to give aid to any member or family member of Public Safety in Coweta County who is experiencing either medical or financial hardships. The Scholarship Fund is a part of this Foundation, giving aid in furthering education to a dependent student who qualifies.

The application is available to **2018** graduating students whose parent(s) is an employee in any of the Public Safety Departments listed on the application.

All requested information must be completed and returned by March 15, 2018, to the Public Safety Foundation Committee, P.O. Box 1113, Newnan, GA 30264.

The scholarship recipient, chosen by a committee of Public Safety Foundation Board Members, will receive **\$5000** paid directly to the college/learning institution of His/Her choice upon proof of acceptance.

# Newnan Coweta Public Safety Foundation, Inc.

## Annual Scholarship for Public Safety Employees' Dependent Students Application 2018-2019

PLEASE PRINT

Name \_\_\_\_\_  
(Last) (First) (Middle)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_  
(City) (State) (County)

\_\_\_ Male \_\_\_ Female Age \_\_\_ High School Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_ Intended Academic Major \_\_\_\_\_

Have you been accepted at a college or university? \_\_\_\_\_ Where \_\_\_\_\_

I am a dependent child of Public Safety Employee \_\_\_\_\_  
(Name of Employee)

In what department in Newnan/Coweta County, is parent employed?

\_\_\_ City of Newnan Fire Department      \_\_\_ City of Newnan Police Department  
\_\_\_ Coweta County Fire Department      \_\_\_ City of Grantville Police Department  
\_\_\_ Coweta County Sheriffs Department      \_\_\_ City of Senoia Police Department  
\_\_\_ Post 24 GaStatePatrol      \_\_\_ EMS/EMT      \_\_\_ 911      \_\_\_ Dept. Corrections

In general, students must be enrolled full-time (12 hours) to receive a scholarship. List the hours you will be enrolled.

\_\_\_ Fall Semester \_\_\_ Spring Semester \_\_\_ Summer Semester

If selected, I am aware that scholarship funds will be sent directly to the college/institution I will be attending.

\_\_\_\_\_  
(Signature of Applicant) Date \_\_\_\_\_

**PART II: Please attach a single page, double spaced narrative, telling the selection committee why this scholarship would be helpful to you, what your academic plans are, and how you plan to use your degree once you graduate.**

**DEADLINE: MARCH 15, 2018, Application must be submitted to P S F by this date.**

### P S F Committee Use

GPA Verified \_\_\_\_\_ Other Requirements Satisfied \_\_\_\_\_ Committee Member \_\_\_\_\_

Awarded \_\_\_\_\_ Date \_\_\_\_\_

