



Chairman

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Board Member

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El Paso County Sheriff's Officers Association

Arthur Redelf's Scholarship

The Scholarship program of the El Paso County Sheriff's Officers Association was developed from a strong sense of commitment to the EPCSOA members, their families, and the community we serve. The scholarship program was instituted for funding higher education for Association members and their dependents. Scholarship awards are in the amount of \$500.00, and the number of awards is subject to program funding.

Requirements for application include:

- (1) The applicant, applicants' parent, or court ordered guardian must be a member in good standing with the EPCSOA at the time of application for scholarship, or at the time of the parent's death.
- (2) Letter of recommendation from a teacher, mentor, or supervisor of the applicant.
- (3) Applicant must be a High School Senior graduating within the calendar year of application, or current student at an accredited community college, junior college, or four-year college or university.
- (4) Intended college must be an accredited community college, junior college, or four-year college or university.
- (5) Applicant who receives scholarship, must provide Scholarship Committee within one calendar year a school transcript showing applicant has completed a minimum of 12 credit hours in one semester receiving at least a 2.0 GPA.
- (6) A **complete scholarship application package** includes:
 - ~ Scholarship Application Form (**typed**)
 - ~ Applicants Essay (**500 to 1000 words**)
 - ~ Letter of Recommendation from teacher or mentor.
 - ~ Photo of Applicant (for publication purposes)

DEADLINE FOR APPLICATION:

Spring Semester Dec. 31st of prior year

Fall Semester June 30th of present year

*****Selections by the EPCSOA Scholarship Committee will be final***

If you do not complete the entire application packet and submit it by the deadline, your application WILL NOT be considered



El Paso County Sheriff's Officers Association

Arthur Redelf's Scholarship Application

Scholarship term Spring: _____ Fall: _____

Applicant's Name: _____

Address: _____

City, State, Zip: _____ Phone #: _____

Social Security Number: _____ D.O.B. _____

Male/Female: _____ E-mail: _____

Association Members Name: _____

Relationship: _____ Phone #: _____

Address: _____

S.S.# _____ E-mail: _____

NEW APPLICANTS: (Returning applicants proceed to next section)

Name of Graduating High School: _____

Date of Graduation: _____ GPA: _____

SAT and/or ACT Scores: _____

Awards and Student Activities: _____

Name of College: _____

Intended Major: _____

Tuition fees: _____ Books: _____

Room/Board: _____ Other: _____

Has the applicant received any other scholarships or grants?

If yes, please explain: _____

On a separate sheet of paper, write an essay (500 to 1000 words) telling the committee about yourself, your accomplishments, and future plans.

Signature

Date

Member's Signature

Date

Turn in the complete Scholarship Application packet to the EPCSOA Office

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