



### Directors

Luis Rodriguez  
Mikey Hernandez

### Business Address

747 E. San Antonio Ave.  
Suite 103  
El Paso, TX 79901  
Office # (915) 544-4251  
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## El Paso County Sheriff's Officers Association

### *Arthur Redelfs 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.
- (2) Typed letter of recommendation from a teacher, mentor, or supervisor from place of work 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 University.
- (4) A complete scholarship application package includes:
  - ~ Scholarship Application Form (**typed**)
  - ~ Applicants Essay (**500 to 1000 words, typed**)
  - ~ Letter of Recommendation from teacher, mentor, or supervisor
  - ~ Photo of Applicant (**Paper printouts WILL NOT be accepted**)

### **DEADLINE FOR APPLICATION:**

*Spring Semester Dec. 31st of prior year  
Fall Semester June 30th of present year*

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



# El Paso County Sheriff's Officers Association

## Arthur Redelfs 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: \_\_\_\_\_

### Directors

*Luis Rodriguez*

*Mikey Hernandez*

### 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, type 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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