## POLICE RESERVE ASSOCIATION CITY OF NEW YORK, INC.

## SCHOLARSHIP EXAMINATION APPLICATION

## Must be filed by February 26, 2010

Name of Applicant:			•
Street Address:			**************************************
City:	State:	Zip Code:	* Attach recent *  * photo here *  * for ID purposes *
Email Address:			* *
Telephone: ( )		_ Birth Date://	*******
Social Security #:	<u></u>	College Choice:	<del></del>
SAT score: Math: Writ	ing:	Critical Reading:&/o	or ACT score:
Name of sworn MOS parent a	ssociated v	vith applicant:	
Active or Retired	Is	retired member living?: Ye	es or No
(NOT FOR CIVILIANS)	ate of Reti	irement (if applicable):	Rank:
If active: Current Command:		Ran	k:
Relation to Applicant: Father		Mother	
during th	ne period fr	ng a two or four year college om September 1, 2010 to A hool must be provided befor	ugust 31, 2011.
Please return this completed a Questions? Call 212-564-0016	••	to: Police Reserve Associa 244 Fifth Avenue, Grou New York, NY 10001	· · · · · · · · · · · · · · · · · · ·
	olice Acad	e given on Wednesday, Mar emy at 235 East 20 <sup>th</sup> Street ( m will begin at 6:00 pm sh	between 2 <sup>nd</sup> & 3 <sup>rd</sup> Avenues).
•	Police Rese	ed unless a completed applice erve Association prior to the ne for filing is February 26	exam.

Mitchell F. Levey - Scholarship Coordinator