



## National Fraternal Order of Police Auxiliary Kathryn M. Milton Scholarship Entry Form

If you are applying as an **individual member** please complete the **Student Information** and **Auxiliary Member Information** sections in addition to the **Auxiliary Information** section.

### Student Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

*Student must be attending college within 60 days of winning notification.*

### Auxiliary Member Information

Name of Auxiliary member to whom student is related: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Auxiliary Information

Auxiliary Name: \_\_\_\_\_  
State: \_\_\_\_\_ Number: \_\_\_\_\_  
President: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Secretary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Secretary's Phone: \_\_\_\_\_  
Secretary's Email: \_\_\_\_\_

**This form must be completed and returned with your entry fee of \$20.00 to:**

Ann Cammerota, Chairperson  
208 N. Merrifield Ave  
Scranton, PA 18504

Make check payable to the **National FOP Auxiliary Scholarship Fund**

Amount Enclosed: \_\_\_\_\_ Check Number: \_\_\_\_\_

**Deadline: Entries will be accepted until time of drawing.**