



Border Patrol Supervisors' Association



Border Patrol Supervisors' Association Scholarship Application

3755 Avocado Blvd #404
La Mesa, CA. 91914

The Border Patrol Supervisors Association was created to help Supervisors feel confident in the performance of the duties we took on when we became leaders of our organization. Our Motto *"Patronus Nostros"* "We Take Care of Our Own" is meant to symbolize our dedication to each other and those we supervise.

ELIGIBLE APPLICANTS

Applicants are eligible for scholarships when a parent or legal guardian is an active member of the BPSA. Applicants who are also eligible: the spouse or dependent of an active BPSA member who has died in the line of duty. Applicants whose parent membership is defined as Honorary and record is maintained by BPSA. BPSA members are **not** eligible for application.

The following criteria will be considered for scholarships: Academic achievement, school activities, community service and a handwritten essay.

REQUIREMENTS

1. Minimum grade point average of 2.0 (based on a 4.0 system) upon high school graduation. (Applies to dependents only)
2. The scholarship is to be used for scholastic and vocational fields only.
3. Applicant must submit a resume of school activities and community service. Include a copy of transcripts through your most recent semester. In the case of surviving spouse or medically retired members, submit a complete resume.
4. Applicant **must** submit a one-page, **handwritten composition, in their own handwriting**, "What role did the law enforcement person in my family play in deciding my future".
5. **All OF THE ABOVE MUST BE COMPLETED OR YOU WILL BE DISQUALIFIED.**
6. Application must be received by BPSA by end of business day April 30, 2019. Applications submitted via e-mail or fax will not be accepted.

BPSA Member:

Member Name: _____

Address: _____ City: _____ Zip _____

Sector/Station: _____ Phone: _____

Email: _____



Border Patrol Supervisors' Association



Check box that applies: Current High School Student College Student Continuing College

Applicant Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Zip _____

Date of Graduation: _____ School currently attending: _____

College or Institution: Applying (attach complete list) Accepted Attending

College: _____ Address: _____ City: _____

State: _____ ZIP: _____

I have read and understand the above and agree to abide by its content.

Applicant's Name

Printed: _____ Signature: _____

Dated: __ / __ / __

Parent's Name or BPSA Member Name

Printed: _____ Signature: _____

Dated: __ / __ / __

**MUST BE RECEIVED AT BPSA BY END OF
BUSINESS DAY APRIL 30, 2019**