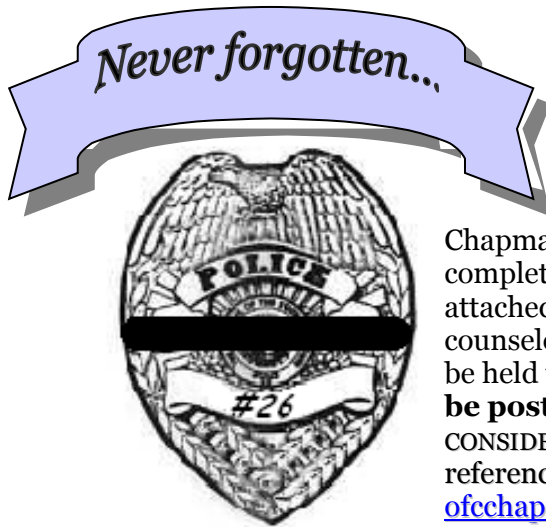


# The Officer William J. Chapman Memorial Scholarship



**PLEASE NOTE: THE OFFICER WILLIAM J. CHAPMAN MEMORIAL SCHOLARSHIP IS OPEN TO APPLICANTS WHO WILL BE SEEKING AN UNDERGRADUATE DEGREE IN A PUBLIC SERVICE-ORIENTED FIELD SUCH AS CRIMINAL JUSTICE/LAW, EDUCATION, SOCIAL WORK/SOCIAL SERVICE OR MEDICINE.**

**Directions:** Applicants for The Officer William J. Chapman Memorial Scholarship will be required to submit this completed application with a copy of their high school transcript attached, a letter of recommendation from a school instructor or counselor, and meet with the scholarship board during an interview to be held the week of April 24, 2023. **Completed applications must be postmarked by APRIL 7, 2023.** LATE APPLICATIONS WILL NOT BE CONSIDERED. Completed applications, including transcript and reference letter, may be returned by e-mail in PDF format to [ofcchapmanscholarship@hatfield-township.org](mailto:ofcchapmanscholarship@hatfield-township.org) or returned by mail to: The Officer William J. Chapman Memorial Scholarship, 1250 Bethlehem Pike, Unit S, Suite 386, Hatfield, PA 19440.

When completing this scholarship application, please print legibly or type. Additional pages may be added as needed. If you currently have a resume containing the application's requisite information, this may be attached and referenced. Please remember to attach a copy of your high school transcript and the letter of recommendation when returning the completed application. Questions may be directed by email to [ofcchapmanscholarship@hatfield-township.org](mailto:ofcchapmanscholarship@hatfield-township.org) or to Sgt. Jeff Boyd or Cpl. Brandi McCoy at 215-855-0903.

## Applicant's Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Additional Phone: \_\_\_\_\_

E-mail (optional): \_\_\_\_\_

**Applicant's Education History:**

School	Address	Dates Attended

**Extra-Curricular Activities:**

School	Activity

**Honors and Awards:**

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**Community Service Activities:**

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**Employment History (Junior and Senior years only):**

Employer	Address	Position	Hours per week
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**Colleges and Universities Applied To:**

School	Application status
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**Major/Career Field Intention:**


**References: (Applicant's references should not include family members. Please provide three references)**

Name	Address	Phone
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**Please write a short essay, no more than one page in length; explaining why you feel you should receive The Officer William J. Chapman Memorial Scholarship. This essay should include at least one example of something you have accomplished to help improve your school and/or community.**

**Please read the following carefully before signing this application:**

***NOTICE OF NON-DISCRIMINATORY POLICY AS TO SCHOLARSHIP RECIPIENTS***

The Officer William J. Chapman Memorial Scholarship Foundation, Inc. is a 501(c)3 non-profit organization (as defined by the Internal Revenue Service) that makes scholarships available to graduating high school seniors residing within the North Penn and Souderton Area school districts in order to help offset the cost of undergraduate education. The Foundation awards scholarships based on the above criteria and does not discriminate against any student on a basis of race, color, national and ethnic origin in the selection, administration, or remittance of scholarship funds under the scholarship program.

The Foundation seeks to award four \$1000 scholarships each year. Following the selection process, The Officer William J. Chapman Memorial Scholarship Foundation, Inc. will present the scholarship money in the form of a check made out to the college or university the recipient will attend. Only applicants who are chosen to receive a scholarship will receive notification of their application status by the foundation.

If a recipient decides against pursuing a community-service focused degree following the award process, the recipient agrees to return the scholarship money to The Officer William J. Chapman Memorial Scholarship Foundation, Inc.

By signing this application, I am affirming that the information I have presented is true and complete to the best of my knowledge. **I also understand that by signing this application I am declaring that I have not been convicted of a criminal offense and have no criminal cases open or criminal charges pending against me.** Should any information submitted be incomplete or false, I understand that my application will be disqualified.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (printed)

\_\_\_\_\_  
Date

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**For Scholarship Board Use Only:**

- ☐ Completed and signed application
- ☐ Essay enclosed
- ☐ Letter of recommendation enclosed
- ☐ Transcript enclosed
- ☐ Reference check

Date application was received: \_\_\_\_\_

☐ Interview notification: \_\_\_\_\_

☐ Interview date/time: \_\_\_\_\_

☐ Application status: \_\_\_\_\_

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