MASSACHUSETTS ASSOCIATION OF WOMEN IN LAW ENFORCEMENT

State House
24 Beacon Street
PO Box #124
Boston, MA 02133

www.mawle.org
Non-Profit §501(c) (3)

Lieutenant June T. Murphy

Scholarship Application

APPLICANT INFORMATION			
Applicant's Name:			
Applicant's Contact # & Email:			
Parent/Guardian's Name:			
Parent's Contact # & Email:			
Home Address: (Number, street, city/town, state, zip code)			
Date of Birth: (month/day/year)			
Social Security Number:			
SCHOOL INFORMATION			
High School:			
Graduation Date: (month/year)			
School Address: (Number, street, city/town, state, zip code)			
College/University:			
School Address: (Number, street, city/town, state, zip code)			
☐4-year College or University	**☐ 2-year College**	**☐Vocational -Technical School**	**☐other, explain**
Are you a legal US Citizen?	☐YES ☐ NO		
MAWLE CONNECTION: Preference is given to MAWLE member's daughters, but we encourage all to apply.			
MAWLE Member's Name:		**Applicant's relationship:**	
MAWLE Member's Agency & Member Contact #:		**Yrs Member:**	

CERTIFICATION

I certify that all the answers I have given in this application, and attached documents relating to the application of MAWLE's **Lieutenant June T. Murphy Scholarship**, are complete and accurate to the best of my knowledge. I understand that scholarship funds must be used toward tuition, fees, books, and/or room and board. Falsification of information may result in termination of any scholarship granted. I understand by accepting the scholarship I am giving MAWLE permission to use my name and picture in all MAWLE related publications and social media sites.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

MAWLE Member's Signature: _____ **Date:** _____

If space provided in any section proves inadequate, information may be continued on additional sheets of paper and attached to the application. Do not repeat information already reported on the application form. ***Application must be postmark by last Friday of April.***