

ROBERT R. LENGLE MEMORIAL SCHOLARSHIP

The Fraternal Order of Police Lodge #42 is proud to present the Robert R. Lengle Memorial Scholarship. Lebanon Lodge #42 will present this \$500.00 scholarship to a high school senior within Lebanon County. This scholarship is to assist a high school senior, who plans to further their education in one of the following career fields:

- Law Enforcement
- Forensic Science
- Public Safety
- Emergency Medical Response

Applications must be completed in full and returned to the Lebanon Fraternal Order of Police no later than Friday April 12th 2019. A letter of acceptance from the University or College of your choice must accompany this application. In addition to the application and letter of acceptance, applicant must also supply the following:

- 1) Transcript of their high school grades
- 2) An original letter of one page describing the applicant's future plans or goals as they relate to their pursuit of higher education.

The scholarship will be awarded by Wednesday April 24th, 2019. The winner of this scholarship will be contacted by the awards committee after this date. The funds will be sent directly to the University or College of which the recipient will be attending and be credited to their account.

Any questions regarding this scholarship may be addressed by contacting Ptlm Timothy Lengle of the Palmyra Borough Police Department 269-9674.

Completed applications must be mailed to:
The Fraternal Order of Police Lodge #42
Attention Scholarship Committee
P.O. Box 611
Lebanon, Pa. 17042

ROBERT R. LENGLE MEMORIAL SCHOLARSHIP
APPLICATION

Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Social Security Number _ _ _ - _ _ - _ _ _

High School: _____ Current G.P.A.: _____

Extra Curricular Activities (i.e.. Church, Sports, School, Community etc...)

College or University of Intent: _____

I, the applicant _____, do hereby affirm that all the
(Print name)
information contained within this application to be true and accurate.

_____ (signature) _____ (date)

Mother's Name: _____ Telephone: _____

Address: _____

City: _____ State : _____ Zip Code: _____

Father's Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

I, being the parent or legal guardian of _____, do
(Print name)
hereby give consent to my son/daughter to make application for this scholarship.

_____ (signature) _____ (date)

References (non relatives)

1) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____