



Southampton Public Safety Foundation

SCHOLARSHIP FUND APPLICATION

RENEWAL APPLICATION 2027-2028 ACADEMIC YEAR

PART I PRELIMINARY STUDENT APPLICANT INFORMATION (Due March 1st)

Student Name		Permanent Address
<input type="text"/>		<input type="text"/>
Student Email		
<input type="text"/>		
Home Phone (XXX)XXX-XXXX	Cell Phone (XXX)XXX-XXXX	
<input type="text"/>	<input type="text"/>	
Current College / University		Expected Graduation Date (MM/DD/YYYY)
<input type="text"/>		<input type="text"/>
College Level as of Upcoming Fall Semester	No. of Years Already Received Scholarship	Student ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

PART II EMPLOYEE INFORMATION To be completed by the applicant's parent or legal guardian.

Employer/Department Name		Occupation/Title
<input type="text"/>		<input type="text"/>
Years of Employment	Hire Date (MM/DD/YYYY)	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone (XXX)XXX-XXXX	Work Phone (XXX)XXX-XXXX	Cell Phone (XXX)XXX-XXXX
<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the applicant is a dependent, unmarried child under the age of 26 who is either naturally related to, or legally dependent upon, or adopted by me:

Employee Signature	Date (MM/DD/YYYY)	Relationship to Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>



APPLICANTS MUST INCLUDE:

- An official transcript from their current school (college/university)

SEND TO:

Southampton Public Safety Foundation
26 Hill Street, Suite 312
Southampton, NY 11968
Attention: Scholarships

Deadline:

All materials must be received no later than 5:00 PM on March 1st of the application year.



Southampton Public Safety Foundation

SCHOLARSHIP FUND APPLICATION

RENEWAL APPLICATION 2026-2027 ACADEMIC YEAR (CONT'D)

PART III (Due May 1st)

Student Name

Birth Date (MM/DD/YYYY)

College/University Name (the school you will attend with this scholarship)

School Address

School Phone

Student ID Number

Please describe your educational & professional goals.

Please list all scholarships, grants, and financial aid you have received or applied for (including FAFSA, 529 plans, or employer tuition benefits).

Please list your total anticipated cost for this academic year:

Tuition	Room & Board	Books and Supplies	School-Related	Other
<input type="text"/>				



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SCHOLARSHIP FUND APPLICATION

RENEWAL APPLICATION 2026-2027 ACADEMIC YEAR (CONT'D)

Student Name

Birth Date (MM/DD/YYYY)

Please describe your extracurricular activities, volunteer work, or community service that demonstrates your civic and social responsibility.

Please provide a brief (1–2 sentence) quote about the importance of receiving this scholarship.

Please tell us how you would like the scholarship money to be allocated. (ie. Fall Semester/Spring Semester)

Student Signature

Date (MM/DD/YYYY)

RETURN PART III OF THIS FORM, ALONG WITH:



- A copy of Parts I & II (as previously submitted)
- An official copy of your college/university acceptance letter (for transfer students only)
- Proof of enrollment (e.g., tuition deposit confirmation or enrollment verification)
- An updated official transcript reflecting your most recent grades or graduation status

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