



Southampton Public Safety Foundation

SCHOLARSHIP FUND APPLICATION

INITIAL APPLICATION 2026-2027 ACADEMIC YEAR

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

Student Name		Birth Date (MM/DD/YYYY) Please attach a copy of your birth certificate	
<input type="text"/>		<input type="text"/>	
Home Phone (XXX)XXX-XXXX	Cell Phone (XXX)XXX-XXXX	Permanent Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Student Email			
<input type="text"/>			
Current High School or College / University		School Address	
<input type="text"/>		<input type="text"/>	
School Phone	Est. Grad Date (MM/DD/YYYY)		
<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 (high school or college/university)
- A copy of their birth certificate

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

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INITIAL APPLICATION 2026-2027 ACADEMIC YEAR (CONTINUED)

PART III TO BE COMPLETED WHEN APPLICANT HAS ACCEPTED ADMISSION TO THEIR CHOSEN COLLEGE/UNIVERSITY. (Due May 1st)

Student Name	Birth Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
College/University Name (the school you will attend with this scholarship)	School Address
<input type="text"/>	<input type="text"/>
School Phone	Student ID Number
<input type="text"/>	<input type="text"/>

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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INITIAL APPLICATION 2026-2027 ACADEMIC YEAR (CONTINUED)

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
- Proof of enrollment (e.g., tuition deposit confirmation or enrollment verification)
- An updated official transcript reflecting your most recent grades or graduation status
- A copy of any high school diploma or GED certificate, if applicable

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