



Port Authority Police Hispanic Society
P.O. Box 6414
Jersey City, NJ 07306

Website: www.paphsinc.org

Membership Scholarship Application

(All Information Strictly Confidential)

Member's Name _____
Last First MI

Home Address _____
Street Address

City _____ **State** _____ **Zip Code** _____

Home Phone Number (____) _____ **Cell Phone** (____) _____

Date of Birth ____/____/____ **Social Security Number** ____/____/____

Police Command _____

1- Is this application for you? YES NO

2- If you answered NO to question #1, sign bottom of this page and complete page two with the requested information, for the person you are sponsoring. If sponsoring more than one person, you must complete and submit a separate application for each person sponsored.

Check Box Which Applies:

- College Trade/Vocational School
 Freshman Sophomore Junior Senior

Name of College: _____

Address: _____

City _____ **State** _____ **Zip Code** _____

By signing below, the above PAPHS member acknowledges having reviewed the PAPHS Scholarship guidelines and is submitting this application in accordance to said guidelines. Member further agrees to adhere to and provide all legal documents required in accordance with the PAPHS Scholarship Guidelines. PAPHS member acknowledges being aware of disciplinary actions (By-Laws, Article V) against any member who willfully submits an application, while knowingly not being eligible to do so.

Member's Signature

_____/_____/_____
Date

Member Sponsorship Scholarship Application

(All Information Strictly Confidential)

Name of Person Sponsored _____
Last First MI

Home Address _____
Street Address

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Cell Phone (____) _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Relationship to Sponsored Person: _____
(If sponsoring more than one person, you must complete a separate application for each person sponsored)

Type of Scholarship Sponsoring:

- College Trade School Vocational School Private School
 Grade 6th through 12th Kindergarten through 5th Grade Academic After-School Programs

Check Box Which Applies:

- College Trade/Vocational School Private School After-School Program
 Freshman Sophomore Junior Senior

Name of School: _____

Address: _____

City _____ State _____ Zip Code _____

By signing below, the above PAPHS member acknowledges the fact that the above person is eligible to be sponsored. The sponsored person further agrees to adhere to and provide all legal documents required in accordance with the PAPHS Scholarship Guidelines. PAPHS member acknowledges being aware of disciplinary actions (By-Laws, Article V) against any member who willfully sponsors a person while knowing that said person is not eligible be sponsored.

Member's Signature

_____/_____/_____
Date