THE VISITING NURSE SERVICE OF NEW YORK
SCHOLARSHIP FUND

ELIGIBILITY REQUIREMENTS AND APPLICATION FILING INSTRUCTIONS

The Visiting Nurse Service of New York Scholarship Fund is for the education of sons and daughters of New York City uniform personnel who have died in “non-line of duty” incidents.

The eligibility requirements for scholarships from the Fund are as follows: children must be presently enrolled in or accepted by an accredited institution of higher learning. While priority will be given to students who are pursuing a career in the health sciences all eligible students, regardless of their field of study, are encouraged to apply. Families may submit an application for every child that fits the eligibility requirements. Scholarships are not restricted to residents of New York City or New York City colleges and universities. Past Visiting Nurse Service of New York scholarship recipients, who still meet the eligibility requirements, must reapply if they wish to be considered for a 2016-2017 scholarship.

Awards will be based on academic excellence, financial need, and career interests. Since the amount of funds available for the scholarships vary from year to year, the number of scholarships awarded vary as well. Therefore, we encourage all who meet the eligibility requirements to apply.

If you wish to apply for a scholarship, please complete the enclosed application form and submit it along with the following documentation:

• Official high school and college transcript(s) (if applicable)
• Official transcript of most recent school semester (if different from one of the above) *
• A copy of the family’s 2015 tax return (if not available submit a copy of 2014 tax return)*
• A copy of your financial aid award letter*
• Submit an essay which describes your personal and/or career goals*

* For renewal of last year’s scholarship, please submit application and items indicated by asterisk (*). Previous scholarship winners must submit a NEW essay each year.

THIS INFORMATION IS MANDATORY AND YOUR APPLICATION FORM WILL NOT BE PROCESSED WITHOUT ALL MATERIALS REQUESTED.

Your application must be received no later than Saturday, March 19, 2016. Your application, tax return and essay must be received by the deadline regardless of whether all required documentation is available! Additional documentation may be submitted under separate cover when it becomes available.

If you have any questions regarding the scholarship fund, please contact Karla Manning at the Police Foundation at (212) 751-8170.
VISITING NURSE SERVICE OF NEW YORK SCHOLARSHIP FUND APPLICATION FORM

Please check one: [ ] NEW APPLICATION [ ] RENEWAL APPLICATION

IF RENEWAL, YEAR OF LAST AWARD: ________

I. PERSONAL INFORMATION

Applicant’s Name: ____________________________________________________________ Age:_____ Birth:_______

Applicant’s Address:____________________________________________________________

Street #                                                                 Apt. #

City                                      State                              Zip Code

Email Address:________________________________________________________________

Telephone #: ( _____ ) _______________________________ Living at: [ ] Home    [ ] School

Name of Parent or Guardian:____________________________________________________

Address:___________________________________________________________

Street #                                                                 Apt. #

City                                      State                               Zip Code

Telephone #: ( _____ ) ________________________________

Please list all other scholarships, tuition aid plans, grants, etc. you are receiving:

__________________________________________________________________________

__________________________________________________________________________

Please list any full or part-time jobs you hold during the summer or school year:

Job:_________________________________________________________ Salary:__________________________
II. FAMILY INFORMATION

Please supply the following information about the family member who died as a result of “non-line of duty” circumstances:

Name and Rank: __________________ Shield #: _______________ Year of Death: _______________

Please list information for all dependents including applicant if claimed as a dependent by parent or guardian.

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<th>NAME</th>
<th>Age</th>
<th>Living at Home (Yes or No)</th>
<th>Enrolled in School (Enter Name)</th>
<th>Amount of Tuition or Expenses</th>
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2015 Family Income Gross: ______________ Adjustable Gross Amount: ______________ (on which you pay taxes)

Please list all family benefits such as Social Security, income trust funds or insurance policies, etc. and indicate which family member is the recipient.

________________________________________________________________________
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________________________________________________________________________

(Please continue on the back of this page if necessary)
III. SCHOOL INFORMATION

Please complete the following:

________________________________________________________________________
Name of Institution                                                        Country

[ ] College                [ ] Graduate School

Date of Enrollment _________________ Date of Expected Graduation _________________

Annual Tuition: _____________________ Annual Expenses: _____________________

For College:

__________High School Academic Average (Attach transcript)

__________SAT Score

Program of Study ____________________________________________________________

Extra Curricular Activities: ________________________________________________

DOCUMENTATION REQUIRED FOR FIRST TIME APPLICANTS

• Application
• Official High School & College Transcripts of most recently completed semester
  (not current semester)
• One letter of reference or recommendation from a teacher, professor or supervisor
• A Copy of financial aid award letter
• A Copy of your Federal or State Income Tax Returns (Include parents’ return if claimed as a
  dependent)
• One page essay
DOCUMENTATION REQUIRED TO RENEW

- Application
- Official transcript of most recently completed school semester (not the current semester)
- A Copy of financial aid award letter
- A Copy of your Federal or State Income Tax Returns (Include parents’ return if claimed as a dependent)
- One page essay

***It is each applicant’s responsibility to apply for renewal of the scholarship each year.***

Completed scholarship application with required documentation should be forwarded to: Karla Manning, New York City Police Foundation, Inc., 555 Fifth Avenue, 15th Floor, New York, NY 10017 By Fax to 212-750-7616 or By Email to info@nycpolicefoundation.org YOUR APPLICATION, TAX RETURN AND ESSAY MUST BE POSTMARKED/ FAXED/ EMAILED ON OR BEFORE SATURDAY, MARCH 19, 2016 EVEN IF ALL OTHER DOCUMENTATION IS NOT AVAILABLE BY THE DUE DATE.