



## 2026 METROPOLITAN TRANSIT POLICE GUARDIANS ASSOCIATION SCHOLARSHIP APPLICATION

### APPLICATION DATA

NAME: LAST \_\_\_\_\_, FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

MAILING STREET \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: (MM/DD/YY) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PHONE NUMBER OF PARENT/GUARDIANS: \_\_\_\_\_

### HIGH SCHOOL DATA

SCHOOL NAME: \_\_\_\_\_

GRADUATION DATE: (MM/DD/YY): \_\_\_\_\_

THIS SECTION MUST BE COMPLETED AND SIGNED BY YOUR  
HIGH SCHOOL PRINCIPAL OR COUNSELOR.

At completion of grade 11: Applicant Ranked \_\_\_\_\_ in class of  
\_\_\_\_\_ students. Cumulative G.P.A. or AVG \_\_\_\_\_

Principal or Counselor Signature \_\_\_\_\_ Title \_\_\_\_\_

Phone number for information verification: \_\_\_\_\_

### PLANNED POST HIGH SCHOOL DATA

*Name of college you plan to attend in the fall*

City: \_\_\_\_\_ State: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_

If you were accepted to College, please initial here: \_\_\_\_\_

### COLLEGE DATA (Complete if currently attending college)

Name of College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Major: \_\_\_\_\_ G.P.A. \_\_\_\_\_

**OFFICIAL COLLEGE TRANSCRIPTS MUST BE INCLUDED WITH THIS APPLICATION**