



# Officer Jeffery M. McCoy Memorial Scholarship Application

To apply for this  
below, attach  
email or mail



scholarship, please fill out the application  
copies of all documents requested, and  
them to:

OCEMF

PO Box 11234  
Oklahoma City, OK 73136  
[TheOCEMF@gmail.com](mailto:TheOCEMF@gmail.com)

**The application and other documents must be postmarked or emailed no later than August 15, 2018 to be considered.**

Documents to be submitted:

- Application
- Proof of student enrollment from college, in writing
- Transcripts with GPA (4.0 scale) (include all past and current schools)
- ACT Score Sheet (Freshmen only) **OR**  SAT Score Sheet (Freshmen only)
- Essay (*Topic: What are your educational and professional goals and objectives? Must attach a 300-word typed statement. This is required to be considered for the scholarship.*)

Legal name in full:

\_\_\_\_\_

Print/Type

Mailing Address:

\_\_\_\_\_

Number, Street and Apartment Number

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

Daytime Phone:

Email Address:

\_\_\_\_\_

Preferred Method of Contact:  Phone  Email

Date of Birth / SSN:

\_\_\_\_\_

MM/DD/YYYY

\_\_\_\_\_

NNN-NN-NNNN

Check One:

- I am an employee with the Oklahoma Department of Corrections.

Employee's Work Location: \_\_\_\_\_

- I am a child/stepchild/grandchild of an employee of the Oklahoma Department of Corrections.

Employee's Name: \_\_\_\_\_

Employee's Work Location: \_\_\_\_\_

Degree level for which you need the scholarship:

- Freshman/First Year       Sophomore       Junior       Senior  
 Graduate Level       Medical School Student       Nursing School Student  
 Other: \_\_\_\_\_

In Academic Year 2018-2019, I will be attending college at:

\_\_\_\_\_  
Name of School

Your undergraduate major(s): \_\_\_\_\_

Name and City of High School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

List the expenses you expect to incur per semester (\$ amount):

Tuition \_\_\_\_\_  
Books \_\_\_\_\_  
Room & Board \_\_\_\_\_  
Other Expenses \_\_\_\_\_

List other financial assistance you will receive per semester:

Personal \_\_\_\_\_  
Other scholarships \_\_\_\_\_  
Grants \_\_\_\_\_  
Student Loans \_\_\_\_\_  
Other financial resources \_\_\_\_\_

List academic honors, awards, and membership activities while in high school and/or college. (*You may attach your résumé if it has this information.*)

\_\_\_\_\_  
\_\_\_\_\_

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List any public service and community activities, hobbies, outside interests, and extracurricular activities. *(You may attach your résumé if it has this information.)*

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Statement of Purpose Essay:

What are your educational and professional goals and objectives? *(Please attach a 300-word typed statement. This is required to be considered for the scholarship.)*

Statement of Accuracy:

I hereby affirm that all of the stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Officer Jeffery M. McCoy Scholarship program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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FOR COMMITTEE USE ONLY

Reviewer Name: \_\_\_\_\_ Review Due Date: \_\_\_\_\_

Reviewer Recommendation:  Accept applicant for consideration  
 Reject applicant from consideration

Reviewer Remarks: