



Officer Jeffery M. McCoy Memorial Scholarship Application

Applicants are judged on the following criteria: academic achievement, school activities, and community service.

The application and other documents must be postmarked no later than August 15 to be considered. Return application to OCEMF, PO Box 11234, Oklahoma City, OK 73136. The OCEMF Board of Directors will screen and select the scholarship winners. Scholarship winners will be notified by September 30.

**ALL APPLICATIONS MUST BE COMPLETED IN FULL IN ORDER TO BE PROCESSED.
FAILURE TO SUBMIT ALL DOCUMENTS, AS REQUIRED, SHALL RESULT IN DISQUALIFICATION.
PLEASE TYPE OR USE DARK INK WHEN COMPLETING APPLICATION.**

MINIMUM REQUIREMENTS

- Applicant must be at least a high school senior or current college student
- Applicant must be an employee (active or retired) or the child, stepchild, or grandchild of an employee of the Oklahoma Department of Corrections

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION IN ORDER TO BE CONSIDERED FOR A SCHOLARSHIP:

- Typed essay of no more than 500 words expressing your goals (present and future) and what you have done to work toward achieving those goals
- Résumé of school and community activities
- Official transcripts for the three most recently **completed** school semesters (*applicants wishing to have their official transcripts returned to them must submit a self-addressed, stamped envelope with their application*)
- ACT or SAT Score Sheet (Freshmen only)

Applicant's Name: _____
Print/Type

Mailing Address: _____
Number, Street and Apartment Number

City State Zip

Telephone Number: _____

Email Address: _____
Preferred Method of Contact: Phone Email

Date of Birth / SSN: _____
MM/DD/YYYY Last four of SSN

Applicant's Last Name: _____

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: _____

Name and City of High School: _____

Year Graduated: _____

College: _____

Major: _____

Mailing Address: _____

City

Accepted

State

Currently Attending

Zip

Applying

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

Tuition _____

Books _____

Room & Board _____

Other Expenses _____

List all sources of income you will receive per semester (\$ amount):

Personal _____

Other scholarships or grants _____

Student Loans _____

Other financial resources _____

Where will you live during school year? _____

How many in your household are attending college next semester? _____

Applicant's Last Name: _____

Add any other information which you think would be helpful to the OCEMF Board of Directors (attach another page if more space is needed):

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: _____

FOR OCEMF USE ONLY

Reviewer Name: _____ Review Due Date: _____

Reviewer Recommendation: Accept applicant for consideration
 Reject applicant from consideration

Reviewer Remarks:
