

## **SCOPO-Jim Frayne Scholarship Application Instructions**

The State Coalition of Probation Organizations will award one scholarship up to \$1,000.00 annually to an eligible recipient in the name of Jim Frayne. Applications **MUST** be received by the Committee on or before May 31st of each year. Applicants must follow all directions; this is part of the eligibility process.

### **How to Apply**

1. Detach and complete the accompanying application. All questions must be answered. Mark N/A if a question does not apply.
2. Applications must be accompanied by an official high school and/or college transcript. Transcripts should be sent directly to the SCOPO office, from the school or from the applicant, in an officially sealed school envelope.

SCOPO-Jim Frayne Scholarship  
8950 Cal Center Drive, Suite 108,  
Sacramento, CA 95826

3. Enclose up to three (3) letters of recommendation that you wish to be considered by the committee.
4. One 2" x 3" photo of the applicant is to be enclosed.
5. Mail the completed, signed application, transcripts and other documents to:

SCOPO-Jim Frayne Scholarship  
8950 Cal Center Drive, Suite 108,  
Sacramento, CA 95826

***Note: Incomplete applications will not be considered.***

### **Who is Eligible?**

Scholarships are available to high school and college aged children/grandchildren of active or retired SCOPO Full Membership members in good standing with the association. Children/grandchildren of deceased SCOPO Full Membership members who were in good standing at the time of their death are also eligible. SCOPO Associate Members are not eligible.

Applicants must have an overall grade point average (GPA) of at least 2.0 to be eligible.

There will only be one (1) scholarship awarded in a calendar year.

## **Awards & Payments**

The applicant selected will receive a maximum of \$1,000.00.

Payment of funds will be made only after receipt of certification that the student is enrolled for 12 or more units for the following semester/quarter, at the school of their choice.

**Annual Application Deadline  
May 31st**

**SCOPO Jim Frayne  
Scholarship Application**

Date of Application: \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Name of School/College

Major/Studies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of SCOPO Member Parent/Grandparent: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Member Active: \_\_\_ Member Retired: \_\_\_ Member Deceased: \_\_\_

Name of SCOPO Member's local Organization/Union/Association:

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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Return this form to the SCOPO Jim Frayne Scholarship, 8950 Cal Center Drive, Suite 108, Sacramento, CA 95826. The completed form MUST BE RECEIVED NO LATER THAN May 31st. Late applications will not be accepted.

**SCOPO Jim Frayne  
Scholarship Application**

Date of Application: \_\_\_\_\_

Applicants Full Name: \_\_\_\_\_

The committee is interested in a biographical sketch of you, the applicant. Include your plans for schooling; plans for the future/career; examples of life experiences that demonstrate your character; community or club involvement; and any prizes, awards, distinctions, or scholarships you have been awarded. Attach additional paper if necessary.

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**CERTIFICATION**

I hereby attest that the parent named in this application is a member in good standing with the State Coalition of Probation Organizations, or was at the time of their death.

Signature of SCOPO Board Member: \_\_\_\_\_

Printed name of SCOPO Board Member: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_