

Sergeant Jeffrey T. Edelson Memorial Fund

C/O Signal 30 Troopers Benefit Fund, Inc.

48 Howard Street, Albany, NY 12207

Sergeant Jeffrey T. Edelson Scholarship Fund Application

Applicant Information

Date: _____

Name: _____

Last

First

Middle Initial

Home Address: _____

Street

City

State

Zip Code

Email Address: _____

Phone #: _____

NYS Trooper Information

Name of Parent, Stepparent, or Legal Guardian: _____

Address: _____

Street

City

State

Zip Code

Email: _____ Phone #: _____

Station: _____ Rank: _____

Relationship to Applicant: _____

Academic / College Information

Name of Institution: _____

School Address: _____

Home Address: _____

Street

City

State

Zip Code

Cumulative GPA: (or HS GPA if a freshman) _____

Expected Degree: _____

Major/Field: _____ Expected Date of College Graduation: _____

Applicant's Signature: _____

Date: _____