



Port Authority of NY & NJ  
**Police Hispanic Society, Inc.**  
Five Corner Station • PO Box 8350 • Jersey City, NJ 07308  
Website: www.paphsinc.org

**2009 Membership Scholarship Application 2009**  
*(All Information Strictly Confidential)*

**Member's Name** \_\_\_\_\_  
Last First MI

**Home Address** \_\_\_\_\_  
Street Address

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone Number** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Police Command** \_\_\_\_\_

- 1- Is this application for you?  YES  NO  
2- If you answered NO to question #1, sign bottom of this page and complete page two with the requested information, for the person you are sponsoring. If sponsoring more than one person, you must complete and submit a separate application for each person sponsored.

**Check Box Which Applies:**

- College  Trade/Vocational School  
 Freshman  Sophomore  Junior  Senior

**Name of College:** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

By signing below, the above PAPHS member acknowledges having reviewed the PAPHS Scholarship guidelines and is submitting this application in accordance to said guidelines. Member further agrees to adhere to and provide all legal documents required in accordance with the PAPHS Scholarship Guidelines. PAPHS member acknowledges being aware of disciplinary actions (By-Laws, Article V) against any member who willfully submits an application, while knowingly not being eligible to do so.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**2009 Member Sponsorship Scholarship Application**  
*(All Information Strictly Confidential)*

**Name of Person Sponsored** \_\_\_\_\_  
Last First MI

**Home Address** \_\_\_\_\_  
Street Address

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone Number** (\_\_\_\_) \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Social Security Number** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Relationship to Sponsored Person:** \_\_\_\_\_  
*(If sponsoring more than one person, you must complete a separate application for each person sponsored)*

***Type of Scholarship Sponsoring:***

- College       Trade School       Vocational School       Private School  
 Grade 6<sup>th</sup> through 12<sup>th</sup>       Kindergarten through 5<sup>th</sup> Grade       Academic After-School Programs

***Check Box Which Applies:***

- College       Trade/Vocational School       Private School       After-School Program  
 Freshman       Sophomore       Junior       Senior

**Name of School:** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

By signing below, the above PAPHS member acknowledges the fact that the above person is eligible to be sponsored. The sponsored person further agrees to adhere to and provide all legal documents required in accordance with the PAPHS Scholarship Guidelines. PAPHS member acknowledges being aware of disciplinary actions (By-Laws, Article V) against any member who willfully sponsors a person while knowing that said person is not eligible be sponsored.

\_\_\_\_\_  
Member's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date