

**JEAN HILLSTRAND MEMORIAL SCHOLARSHIP  
OFFERED BY**

**CHIEFS OF POLICE SECRETARIES ASSOCIATION  
(C.O.P.S.A.)  
CONNECTICUT CHAPTER**

**The Jean Hillstrand Memorial Scholarship is named for a charter member of the Chiefs of Police Secretaries Association, which was organized in 1986. Mrs. Hillstrand served as the Secretary to the Chief of Police in the Berlin, Connecticut Police Department for 18 years. She was an active supporter of C.O.P.S.A. and made valuable contributions to the organization in its formative months. It is fitting and proper that this memorial scholarship is offered on the anniversary of her untimely death in 1988.**

**Two scholarships in the amount of \$500.00 each are offered to foster pride and to encourage people to pursue higher education.**

**Any person who is an employee of a Police Department whose Secretary is a member of C.O.P.S.A. is eligible to apply. Also, any student whose mother, father or guardian is an employee of a member police department is eligible. (Please see Chief's Secretary for complete list). Applicants should be entering or enrolled in a formal program of higher education in an accredited school/college/university.**

**Applications must be submitted to the Scholarship Committee by February 28<sup>th</sup>. Selection of recipients will be based on academic achievement, financial need and excellence of general character.**

**Names of scholarship recipients will be announced at the March C.O.P.S.A. meeting.**

**COPSA SCHOLARSHIP AWARD PROGRAM  
APPLICATION FORM**

Please type or print

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

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

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

High School Attending: \_\_\_\_\_

**Financial Data:**

Are you at present receiving scholarship aid? \_\_\_\_\_

If answer is yes, please describe nature and amount of aid.

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

Is there any particular financial hardship that you may have?(i.e. multiple family members attending college, etc.) \_\_\_\_\_

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

Name and address of Business School/College/University

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

Major: \_\_\_\_\_

Length of program you are enrolled in: \_\_\_\_\_

Cost of full year tuition(include room, board and tuition if applicable) \_\_\_\_\_

\_\_\_\_\_

NAME OF COPSA MEMBER AND POLICE DEPARTMENT: \_\_\_\_\_

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

\*\*State name of employee of COPSA member's police department, his/her position at the police department, and your relationship to employee.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Employee's Signature

## **C.O.P.S.A. MEMORIAL SCHOLARSHIP PROGRAM**

### **INSTRUCTIONS TO APPLICANT**

- 1. Complete the attached application form.**
- 2. Attach the following items to your application form.**
  - a. A copy of the transcript of your grades from the school you most recently attended.**
  - b. A letter of recommendation from a present or former teacher or your employer.**
  - c. A short essay explaining why you have chosen to pursue a higher education and what your goals are.**
  - d. A copy of your registration/confirmation letter of acceptance from an accredited school/college/university in which you are pursuing higher education.**
- 3. Return your completed application packet to:**

**Marcia Krusewski  
Jean Hillstrand Scholarship Committee  
c/o Milford Police Department  
430 Boston Post Rd.  
Milford, CT 06460**

**Any questions regarding this application of the scholarship process may be directed to the Chief's Secretary of your police department.**