



POLICE DEPARTMENT, CITY OF NEW YORK
P.O. Box 780558, 55-02 69 Street, Queens, NY 11378
Scholarship@nypdpulaski.org & cc: Sylwia.Zukowski@nypd.org
2026 Scholarship Application

Eligibility:

- 1.) Children of a regular member who are either:
 - A) An active member of the society in good standings for at least five (5) years continuous including the application year.
 - B) A deceased member who was a member in good standing at time of death.
 - C) A retired member who have continuously maintained an active membership in the society after retirement.
- 2.) Be a **student entering** an accredited High School, College or University.
- 3.) College winners must be attending an accredited two/four-year College.

Required Documents:

- 1.) High School
 - a. Third quarter **report card**.
 - b. Record of attendance.
- 2.) College
 - a. College / University acceptance letter.
 - b. Third quarter **report card**.
- 3.) For High School and College
 - a. Passport size digital color photo.
 - b. Short Biography of applicant.
 - c. Short Essay on Community and Police.
- 4.) Proof of attendance to the school must be provided.

Note:

Members dependent can only receive the scholarship grant **once each** in High School and during College.
The association reserves the right to publish the essay and bios of the scholarship winners.
The Board of Directors of the Association will make all final decisions as to the eligibility of an award winner.

I hereby certify that I am eligible for membership in the NYPD Pulaski Association, and that I am a member in good standing as defined by the Bylaws of the society.

Name of MOS: _____ Tax # _____

(PRINT LEGIBLY FIRST AND LAST NAME)

_____ Active, if so list current Command _____ Rank _____

_____ Retired, if so list Date and Rank at Retirement: _____

Applicant's Relationship to MOS: Son _____ Daughter _____ Other _____

Applicant's Information:

Last _____ First _____

D/O/B _____ Student ID # _____

Home Address _____

City _____ State _____ Zip _____ Phone _____ - _____

Name of High School / College Choice (s) _____

School Address _____

City _____ State _____ Zip _____ Phone _____ - _____

MOS Signature _____ Applicant's Signature _____ Date: _____

Board Review:

Member is in Good Standing since (Date) _____ **Verified by:** _____

Scholarship Board Reviewed by (Print) _____ **(Signature)** _____

Executive Board Approval: YES _____ **NO** _____ **Date Reviewed** _____

Executive Board Reviewed by (Print) _____ **(Signature)** _____