Los Angeles Police Protective League

HIGHER EDUCATION AND TRAINING FUND APPLICATION

The Los Angeles Police Protective League's Higher Education and Training Fund will provide monetary assistance to members wishing to further their educational attainment. The program is designed to supplement other forms of aid and will only cover college tuition and related expenses (i.e., class materials, books, lab fees; but exclusive of living or travel expenses, health fees, parking fees, membership fees, student fees) and training registration fees (no expenses or membership fees/dues). Receipts must include breakdown of the total cost (actual book store receipt, actual school invoice, actual breakdown for training registration, etc.). Assistance is offered for:

- Coursework at an accredited community college or four (4) year college or university as outlined by L.A. City Standards.
- Non-Department training that is job related and not duplicative of existing LAPD training. The training must enhance an individual's ability to promote, work skills, and/or value to the Department. Final determination of which trainings are eligible will be made by the Scholarship Committee on a case-by-case basis.

Priority is given to individuals working toward an undergraduate degree.

All LAPPL members who rank PII to Lt II, are off probation, and are in good standing with the League are eligible for the program provided that the member is actively employed by the Department throughout the duration of the courses/training. Individuals are eligible to receive up to $2,000 per fiscal year for education reimbursement and up to $1,000 per fiscal year for training reimbursement.

To apply for assistance, please fill out the following information and ONLY the section relevant to either the courses or training you have taken. Submit required documents to Scholarship Committee.

Mail:	**Fax:**	**Email:**
Scholarship Committee 1308 W 8th St., Ste 400 Los Angeles, CA 90017	213-251-4566	linda@lappl.org

Name: _____ Cell #: _____
As You Want to Appear On Check (First, Middle Initial Optional, Last)

Mailing Address: _____

Serial #: _____ Division: _____ Rank: _____

When check is available: ____ Please call at above number to pick up ____ Please mail it to above address

Reimbursement for College Course(s)

Please note that payment will be made after successful completion of course(s) with a passing grade of "C" or better. Individuals must provide proof of enrollment, grade for proof of completion, and supporting documentation showing actual expenses incurred and other aid received. Funds will be paid to the applicant.

Name of College: _____

Quarter/Semester: Fall / Winter / Spring / Summer Year: _____
Circle One Circle Term
Title of Course(s): _____ _____
_____ _____

Total Cost	_____
- Aid Received	_____
Total Need	_____

Reimbursement for Non-Department Training(s)

Individual must provide supporting documentation showing breakdown of fees, proof of payment and a Certificate of Completion. Only actual **registration fees** will be reimbursed (exclusive of annual fees, dues, or other expenses). Please note that payment will be made directly to the applicant.

Sponsor: _____ Cost: _____

Title/Description of Training: _____

Please state how this training will enhance your ability to promote, your work skills, and/or your value to the Department (use the back of this sheet if necessary):

_____

_____

DEADLINES

The Committee will consider requests for assistance twice a year, both in February and in August. Requests must be made during the application cycle immediately following completion of course or training. For example, reimbursement requests for course or training completed in December must be submitted for consideration at the February meeting. ALL completed submissions must have all of the information requested done, and all paperwork must be submitted at the same time. Final approval will be given by the Board of Directors. The Winter 2017/2018 reimbursement deadline: **Friday, February 2, 2018!!!**

Applicant Signature: _____ Date Submitted: _____

LAPPL USE ONLY Application Rcvd ___ Mail ___ E-Mail ___ Fax Date ____/____/____ Initials _____
Vue: Y / N Member Y / N Ser # Match Y / N Address Match Date ____/____/____ Initials _____
___ Enrollment ___ Transcripts ___ Expenses ___ Financial Aid
Rev 4-3-17 Approved / / Initials Amount Awarded $