



Wisconsin State Patrol Alumni Association

Bruce Bishop and William Harvey Memorial Scholarship Program

SCHOLARSHIP INFORMATION & AGREEMENT

The Wisconsin State Patrol Alumni Association (WSPAA) will award two (2) \$1,000 scholarships to those seeking a degree in Law Enforcement or Criminal Justice to honor these founding fathers instrumental in starting the WSPAA:

- **Bruce Bishop** – Bruce was a member of the 1st recruit class in 1947 and rose to the rank of Major in the Wisconsin State Patrol.
- **William Harvey** – William (Bill) was a member of the 5th recruit class in 1957 (serving 39 years) and was the first Administrator of the Wisconsin State Patrol. Bill was the first WSPAA President.

Scholarship Criteria: *(must meet all of these)*

- a. Parent or grandparent served as a Wisconsin State Patrol employee.
- b. Pursuing career in law enforcement or criminal justice.
- c. Attending/plan to attend accredited college, university or technical school as full-time student.
- d. Currently have 2.5 grade point average or better.

Scholarship Application Process:

See the Scholarship Application Form. Application packets will be reviewed and scored by an independent panel of judges. All the judge's decisions are final. The WSPAA Scholarship Committee may verify any and all information in the application packet. Any misrepresentations will result in an immediate rejection of the application. Scholarship recipients will be notified by either the WSPAA President or Communications Director by phone (and will receive a one-year WSPAA membership).

Please direct any questions to the WSPAA Communications Director at kimwspaa@gmail.com or 608-274-7750.

Scholarship Agreement:

I understand scholarship money will be paid directly to the college, university or technical school that I am or will be attending.

The name of my parent or grandparent is _____.

My parent or grandparent served as a Wisconsin State Patrol _____.
(e.g., radio tech, dispatcher, clerical, trooper, inspector)

I agree the Wisconsin State Patrol Alumni Association (WSPAA) has my permission to use my photo and information regarding my scholarship to promote the WSPAA scholarship program.

I affirm all information submitted is true and accurate to the best of my knowledge.

Date of Application: _____

Applicant Name: _____

Applicant Signature: _____