


C A M D E N  C O U N T Y
Hero Scholarship Fund

Application

for

Eligibility

for

Scholarship Funds



Qualifications and Criteria for Awarding Death/Disability Scholarships

QUALIFICATIONS BOTH DEATH/DISABILITY

1. At the time of the incident, applicant or deceased shall have either (A) worked or been stationed in Camden County; or (B) resided in Camden County.
2. Applicant or deceased shall have been an active member of their department at the time of the incident.
3. Disability or Death shall be directly related to an injury or condition occurring in the line of duty.
4. Application shall be made within three (3) years of the date of the incident causing death or disability.

FULL SCHOLARSHIP TERMS

1. Continuing requirement shall be that each student maintain a 2.0 average per semester. Student shall provide the Scholarship Committee with a transcript of grades as soon as available following close of each semester. Failure to comply can result in revocation of the scholarship.
2. The amount of the scholarships awarded shall include books, required scholastic fees and a sum for tuition equal to the highest tuition charged by New Jersey State Colleges to be determined annually. Room and board is excluded. The benefits of the scholarship shall cease at the completion of a four year undergraduate course or with the completion of the semester during which the student reaches his/her 26th birthday.

CRITERIA FOR AWARDING DISABILITY SCHOLARSHIPS

1. For the purposes of determining eligibility for a scholarship based upon total and permanent disability in the line of duty, the term "total and permanent disability" shall be defined as a disability which renders applicant incapable of engaging in any occupation or perform any work for compensation, and a disability which with reasonable probability will continue throughout the life of the applicant, there being no present indication of recovery.
2. Children conceived and/or adopted by applicant subsequent to incident shall not be eligible.
3. Applicant shall provide Notice of Determination of total and permanent disability from applicable Pension Board. If applicant is not a member of a pension system, appropriate documentation from Workmen's Compensation/Social Security is required.
4. Applicant shall submit a medical opinion from a physician licensed to practice medicine confirming total and permanent disability as described in #1 above.

(continued)

CRITERIA FOR AWARDING SCHOLARSHIPS (CONTINUED)

5. Submission of Federal income tax returns, including all W-2's and 1099's, for preceding two (2) years of date of application or most recent return if three years have not expired at time of filing application.
6. In the event the Scholarship Committee determines an applicant is not eligible for a full scholarship, it may, at its discretion, recommend that the applicant be granted a one time sum for each child when entering college. Said amount to be at the discretion of the Scholarship Committee, subject to the approval by the Board of Trustees, and to be paid direct to the college or university to be attended.

Required Documentation to be Attached to Application


1. Certified copy of death certificate, if applicable.
2. Certified copy of marriage certificate.
3. Certified copy of birth certificate of child/children.
4. In case of application for scholarship funds due to disability:
 - (a) Copy of IRS Form 1040 tax return for a two (2) year period preceding application or if less than two (2) years since incident, for preceding year, including all W-2s and 1099s.
 - (b) Medical opinion from a physician licensed to practice medicine confirming total and permanent disability as described herein.
 - (c) Determination Letter granting full pension for total and permanent disability from applicable Pension Board. If applicant is not a member of a Pension System, appropriate documentation from Workmen's Compensation/Social Security is required.
5. Departmental Statement (form attached to application) completed and signed.
6. List of any other scholarships awarded as a result of this incident, including name of donor and amount.

General Information

1. Each application shall be considered on its merit and all scholarships and/or grants will be awarded at the sole discretion of the Board of Trustees.
2. Only fully completed applications will be considered by the Scholarship Committee.

Please direct any inquiries concerning eligibility or application submission to:

Scholarship Committee
c/o Camden County Hero Scholarship Fund, Inc.
191 White Horse Pike, Berlin, NJ 08009
(856) 768-9656
www.camdencountyhero.com

C A M D E N  C O U N T Y
Hero Scholarship Fund

The Camden County Hero Scholarship Fund, Inc., a non-profit organization, was formed in 1966 to provide financial assistance to the dependents or members of the Camden County Police, Firefighters, Emergency Medical Services Personnel and State Police of New Jersey who had lost their lives or were totally and permanently disabled in the line of duty.

C A M D E N C O U N T Y Hero Scholarship Fund

Application Form

Application for Eligibility for Scholarship Funds

Please Type or Print Clearly

Name of Disabled or Deceased Member _____

Social Security Number _____ Date of Birth _____

Address _____

City/Town _____ Zip _____

Home Phone _____

Applicant's Name _____

Social Security Number _____

Home Address _____

Telephone Number _____

Names, Social Security Numbers and Dates of Birth of Eligible Children:

Name of Department or Organization _____

Years of Service _____ Paid: Yes/No Volunteer: Yes/No Other _____

Chief or Highest Ranking Officer _____

Address _____

City/Town _____ Zip _____

Telephone Numbers _____

Signature of Applicant

C A M D E N  C O U N T Y
Hero Scholarship Fund

Departmental Statement

Please Type or Print Clearly

Name of Disabled or Deceased Member _____

Address _____

Municipality _____ Status of Member _____

Rank _____

Commanding Officer _____

Address _____

Telephone Number _____

Data on Death or Disability

Date _____

Time _____

Location _____

The facts pertaining to the death or disability of the above named member of our Department are as follows:

Commanding Officer

Officer in Charge

(If insufficient space, attach additional sheets)