

## ***HISTORY OF THE GEORGE F. BOGDAN SCHOLARSHIP***

The George F. Bogdan Scholarship Foundation, Inc. was created in 2005 by his wife, Mrs. Lora H. Bogdan, in loving memory of her late husband George F. Bogdan. He served his community and the Commonwealth as a Virginia State Trooper for 31 years from 1947 until his retirement in March 1978. He was assigned to Princess Anne and Norfolk Counties, later the cities of Virginia Beach and Chesapeake as well as the cities of Norfolk and Portsmouth.

Mrs. Bogdan established this scholarship to aid dependents of employees of the State Police assigned to Division Five with the high cost of higher education. Each year three scholarships in the amount of \$2,500 each have been awarded to dependent students who are entering college or who are currently enrolled in college that demonstrate financial need.

A scholarship committee consisting of current State Police employees, three of which worked with Trooper Bogdan, make the selections based on financial need and academic achievement. Applications are made available to Division Five personnel beginning in December each year. Eligible applicants must submit their application to the committee chairman by March 1.

Presentations are made at Division Five Headquarters in mid to late April. Recipients and their families are invited to attend the short ceremony.

The Bogdan's had no children of their own, so, Mrs. Bogdan's niece, Kathy Rice, administered the scholarship and made the presentations until the scholarship funds were given to The Portsmouth Community Foundation in December 2009 and the *George F. Bogdan Scholarship Fund* was established.



**GEORGE F. BOGDAN SCHOLARSHIP**

This scholarship was established by Lora H. Bogdan in memory of her late husband, George F. Bogdan, a Virginia State Trooper for 31 years. Currently, three scholarships in the amount of \$2,500 each are awarded annually to the dependent(s) of an employee of the Virginia State Police assigned to Division Five.

**ELIGIBILITY REQUIREMENTS:**

1. Be an employee or a dependent of an employee of the Virginia State Police assigned to Division Five. The status of the employee may be either active duty, retired, or deceased.
2. Be an employee of the Department or spouse of an employee that wishes to further his or her education.
3. Scholarships are awarded to those who graduate from high school in the calendar year in which the scholarships are presented. Consideration will also be given to current college students who demonstrate financial need.
4. Provide a transcript of high school grades, GPA, and class rank covering a minimum of two semesters, or, if currently enrolled in college or university, please provide a complete transcript of your grades of all semester hours completed.
5. During the life of the scholarship, the student must register and maintain a status as a full-time student at the college or university he or she is attending.
6. The completed application must be notarized
7. All scholarship awards are payable to the college or university FBO (for the benefit of) the student (using student identification number or similar identifier).

**APPLICANT INFORMATION (please print)**

Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 High School Graduation Year \_\_\_\_\_ High School Attended \_\_\_\_\_  
 GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ of \_\_\_\_\_  
 Name of Virginia State Police Employee \_\_\_\_\_ Area \_\_\_\_\_  
 Relationship to applicant \_\_\_\_\_ Annual Household Income \_\_\_\_\_

**COLLEGE/UNIVERSITY**

College/University Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 Approximate Cost Per Year \_\_\_\_\_ GPA \_\_\_\_\_ Your major \_\_\_\_\_

**AUTHORIZATION** – I hereby authorize The Portsmouth Community Foundation George F. Bogdan Scholarsip Committee to request and obtain any further information it deems necessary in the selection process.

\_\_\_\_\_  
Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

I have read this application and it has my approval

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ City/County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
Signature of Notary Public