

# Police and Fire Summer Scholars



THE UNIVERSITY OF  
CHICAGO

## APPLICANT INFORMATION

Please print or type.

My Parent is a:  Police Officer  Firefighter

Applicant's First Name Middle Last

Home Address

City State Zip

Telephone Email

High School Expected Date of Graduation (Month/Year)

High School Address

Parent's Name

Parent's Address

Rank Star # Unit

Municipal/County/State Department

## EMPLOYMENT VERIFICATION

Please provide the contact information for the individual within your parent's department who can verify his or her employment.

First Name Middle Last

Title

Telephone Email

Municipal/County/State Department