



Hispanic Police Officers Association
1470 NW 107 Avenue, Suite P
Sweetwater, Florida 33172
305-594-1173
www.hpoadade.org

April 6, 2026

TO: ALL HPOA Members
FROM: Carlos Arguelles, President
RE: SCHOLARSHIPS FOR SONS/DAUGHTERS OF MEMBERS

We are beginning the process of accepting applications for up to four (4) separate HPOA Scholarships, valued at \$2,000, and up to sixteen (16) separate HPOA Scholarships valued at \$1,000 for the school term beginning in the Fall 2026.

In general terms, interested applicants must:

1. Be a dependent son or daughter of any full-time HPOA members.
2. Be attending a university, college, or community college that is regionally accredited, or be enrolled in a degree-seeking program, in the school term beginning in the Fall of 2026.

PLEASE NOTE that the application is **five (5)** pages long. For that reason, we recommend that you keep the master copy of the application form in your office or in another central location, and simply post multiple copies of the notice we have included here on bulletin boards stationed throughout your agency. Then, interested parties can secure an application from that central location rather than force us to make hundreds of copies for widespread distribution.

If you have any questions, please call 305-594-1173.

Attachments:

1. NOTICE FOR POSTING AROUND YOUR AGENCY
2. ONE COMPLETE SET OF BLANK APPLICATION FORMS

2026
Hispanic Police Officer's Association
Scholarships Available

WHO IS ELIGIBLE?

This program is open to any dependent child of an HPOA member **in good standing and current in membership dues as well as members who have retired in good standing that were members for a minimum of 4 years.** The dependent must be attending a regionally accredited college or university in the school term to begin in the Fall 2026. It is preferred that the dependent's career objective and degree be focused towards law enforcement, law, corrections, or another aspect of criminal justice. However, unrelated course majors are eligible.

HOW MANY ARE AWARDED AND HOW MUCH ARE THEY WORTH?

- Up to 4 separate scholarships will be awarded, valued at \$2,000
- Up to 16 separate scholarships will be awarded, valued at \$1,000

SPECIAL INFORMATION:

All applications for scholarships must be accompanied by requested documentation, a listing of which is included in the application package. **Applications must be complete at the time of submission, incomplete applications will not be considered. We will only be accepting physical applications. NO EMAILS. NO EXCEPTIONS.**

WHERE CAN I GET AN APPLICATION PACKAGE?

Visit our website, www.hpoadade.org and click on to the document tab or contact the HPOA office at 305-594-1173.

WHAT IS THE APPLICATION DEADLINE?

To facilitate the work of the screening committee, Physical applications for scholarships must be received at the HPOA Office by 4:00 p.m. on Friday, May 8, 2026. Recipients will be notified by email and/or Telephone.

IF I NEED FURTHER INFORMATION, WHERE DO I CALL?

The HPOA Office at 305-594-1173 or email our Office Manager at Ashlie@hpoadade.org.

Sincerely,



Carlos Arguelles
President

**APPLICATION FOR
THE HISPANIC POLICE OFFICERS ASSOCIATION
COLLEGE SCHOLARSHIP**

For the school year beginning in the Fall 2026

In Fall 2026: Freshman _____ Sophomore _____ Junior _____ Senior _____

Name _____

Email _____

Mailing Address _____

City _____

State _____ Zip Code _____

Applicants Phone Number _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Feel Free To Use Additional Sheets If Necessary

My parent(s) is/are sworn law enforcement officers who is employed by a local, state, or federal law enforcement agency within Miami-Dade County or a civilian member employed by the Miami-Dade Police Department.

Agency: _____

Station/Bureau: _____

Parent(s) Name: _____

Position Held: _____

Applicants must submit an essay explaining their scholastic and career goals. The essay should concentrate on how the degree they are seeking will assist them in contributing to society and the community in which they live. The essay must be a minimum of 2 pages but no more than 3 pages in length. It must be written in a recognized academic format (i.e. MLA), with a 12pt font size.

HPOA Scholarship Application

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Name of school currently attending: _____

High School Class size: _____ Your High School class ranking: _____

Have you taken any entrance exams, such as the SAT and/or the ACT?

Yes: _____ SAT ACT (Circle SAT or ACT) No: _____ Both: _____

What score did you receive in the SAT: _____ ACT: _____

What is your current unweighted GPA in high school? _____

What is your current weighted GPA in high school (if applicable)? _____

I have been active in the following school and/or community organizations:

List any leadership positions you have held in school and/or community organizations, and which of those positions you now hold:

List all awards, commendations and scholarships you have received, the sponsoring organizations, the reason for you winning, and date of award, commendation or scholarship:

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Name of college or university you will be attending in the Fall 2026:

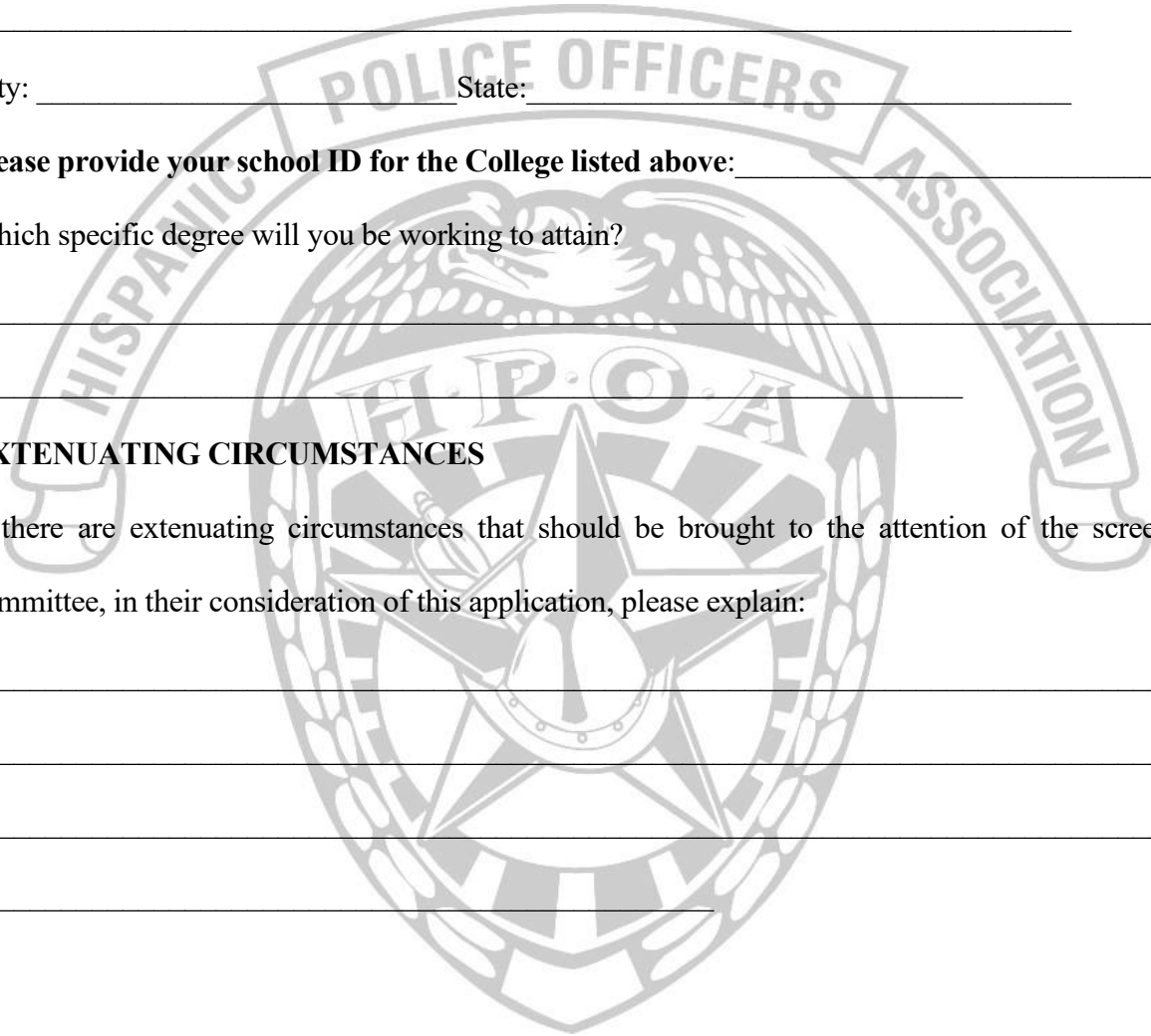
City: _____ State: _____

Please provide your school ID for the College listed above: _____

Which specific degree will you be working to attain?

EXTENUATING CIRCUMSTANCES

If there are extenuating circumstances that should be brought to the attention of the screening committee, in their consideration of this application, please explain:



HPOA Scholarship Application

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APPLICANT'S OATH & APPROVAL

AS AN APPLICANT FOR AN HPOA SCHOLARSHIP, I HEREBY CERTIFY THAT:

Applicant's Oath

1. I know of no reason why the school or college listed above would not accept me as a full-time student in the Fall 2026.
2. I certify the accuracy and truthfulness of the facts contained in this application.
3. I understand that the scholarship is a **one-time** award that is limited to \$2,000 or a secondary scholarship of \$1,000 and if I should win the award, that the check will be made **payable only to the accredited college or university of my choosing**.
4. I understand that funding beyond this \$2,000 award or the \$1,000 award is not expressed, implied or expected.
5. I understand that the balance of my college expenses (tuition, books, lodging etc.) above the sum of the award is my responsibility, and not the responsibility of the Hispanic Police Officers Association.

Signature of Applicant

Date

REQUIRED ATTACHMENTS:

1. Your most recent **OFFICIAL** transcript (H.S. or college), with a minimum of a 3.0 unweighted GPA.
2. Copies of your SAT or ACT Scores (**needed for Fall 2026 Freshman only**)
3. An original essay explaining the applicant's scholastic and career goals concentrating on how the career they are seeking will assist them in positively contributing to society and the community in which they live in. The essay must be a minimum of 2 pages but no more than 3 pages in length. It must be written in a recognized academic format (i.e MLA), with a 12pt font size.
4. Three (3) letters of recommendation. One must be from a school or community official, and Two from a person currently practicing in the applicant's current career area. These letters should specifically address your qualifications for this scholarship. **Letters from family members are not acceptable.** References must be written on letterhead paper from corresponding organization and must include individuals contact information.

HPOA Scholarship Application

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Parent/Guardian Approval and Waiver

I, _____, as parent or legal guardian of the applicant named herein, approve of my dependent son or daughter's application for a Hispanic Police Officers Association Scholarship. In consideration of the benefits derived from this award, I agree that if my child/dependent should be awarded a scholarship, I hereby voluntarily waive any claim against the Hispanic Police Officers Association, its officers, members, or directors, for any and all causes that may arise as a result of being awarded this scholarship.

I CERTIFY that I am a full-time sworn local, state, or federal law enforcement officer employed by a law enforcement agency within Miami-Dade County, or a full-time civilian employed by the Miami-Dade Police Department, or a retired HPOA member in good standing and was a dues paying member for a minimum of 4 years.

FURTHER, I CERTIFY that my son or daughter plans to attend an accredited college or university, in the fall of 2025 and that, thereafter, he or she plans to pursue a career in their chosen field.

Signature Date

Date

Printed Name of Member

Daytime Phone Number

****DEADLINE**** – This application must be completed and received at the Hispanic Police Officers Association office by no later than **4 p.m. on Friday, May 8, 2026**. **Only complete applications should be submitted, any applications missing required documentation will not be considered.** If you have any questions, please call at 305-594-1173 or email our office manager at Ashlie@hpoadade.org.