

# Hispanic Police Officers Association

## Summer Camp/Tutoring/Scholastic Review Raffle 2026

The HPOA will be raffling 5 sponsorships in the amounts of up to \$200 each towards summer camp program, tutor/scholastic review enrollment fees for children of members this summer 2026.

These Sponsorships will be awarded to HPOA members only and will follow these guidelines:

- Each member is entitled to one entry form. (Should a member be the spouse or significant other of another member, it will be **one prize per family.**)
- The member must be in good standing with the association or retired in good standing and were dues paying members for a minimum of 1 year.
- The member must have child at the time of enrollment & participation.
- The member must provide proof of child's enrollment with a fully licensed Summer Camp Program or tutor/scholastic review program. (The HPOA WILL NOT process payment to any private party)
- If enrollment fees are less than prize amount, the HPOA will only pay up to that amount.
- All eligible members are allowed to participate every year regardless of being a prior winner on a previous year, provided that all other eligibility rules are met.
- Payments will be made directly to the institution of the enrolled child.
- In cases where a prize winner has already pre-paid their child's program, a notarized proof of payment must be submitted to process a reimbursement to the winner.
- The Board Members shall have the right(s) to amend, change, cancel, and or improve any and all guidelines, to the best interest of the association and its members.

**The HPOA will not be responsible for any unfortunate occurrences (death, injury, etc.) or poor performance in scholastic programs.**

Entry forms can be downloaded from the HPOA Web Site.

**Deadline for Raffle Forms is Friday, May 8th, 2026 by 5:00 PM**

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Summer Camp/Tutoring/Scholastic Review Raffle 2026

HPOA member name: \_\_\_\_\_

Employee ID number (NOT BADGE NUMBER): \_\_\_\_\_

Agency: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Recipient name(s): \_\_\_\_\_

**By signing below, I understand that the HPOA will not be responsible for any unfortunate occurrences (death, injury, etc.) or poor performance in scholastic programs.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Completed entry forms are to be delivered or emailed to the HPOA Office. Questions please call (305)594-1173 or email [Ashlie@hpoadade.org](mailto:Ashlie@hpoadade.org)