POLICE BENEVOLENT FOUNDATION, INC.

2155 Hwy 42 S McDonough, GA 30252 1-800-233-3506 www.pbfi.org

Division Scholarship

APPLICATION INSTRUCTIONS

Application Deadline: June 1st of each year

ELIGIBILITY CRITERIA

To be eligible for a scholarship, you must:

- Be a child or stepchild of a current PBA Member
- Be 21 years of age or younger
- Be accepted for admission to a twoyear or four-year college or university
- Be enrolled as a full-time student or be accepted as an incoming freshman
- Have a 3.0 or better cumulative GPA (High School or College)

SELECTION CRITERIA

Applicants are evaluated on the following crite

ria: • Academic Record

- Financial need (educational purposes)
- Academic achievements
- Personal achievements
- Community service

APPLICATION PREPARATION

Please include the following with your application:

- Official Transcript from current institution (must show cumulative GPA)
 If you are a transfer student, please provide an official transcript from your previous institution. All official transcripts must be sealed closed.
- Recommendation Forms and Letters (these are optional and you may submit up to three)
- Essays (all essays must be typed)

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FOR OFFICE USE ONLY
Official transcript
Letters of Recommendation
Essay

SCHOLARSHIP APPLICATION Division Scholarship

	Please type or use black ink)				
Last Name, First, MI	Social Security Number	Date of Birth	Age		
Birthplace Home	Telephone No. Em	ail			
Current Address City Sta	te Zip				
Mother's Name Occupati	on PBA	Member?			
Father's Name Occupation	on PBA	Member?			
Address of Parent or Guar	dian if different from above				
Education					
High School	Location Date of G	raduation Cumulati	ve GPA		
College Location Major	Cumulative		GPA		
Activities					
High School or College Ex	stracurricular Activities				

Employer	Job Title/Duties	de a brief work hist Length of Emp	
Are you currently ☐ Yes	employed? ☐ No ☐ Yes	If yes, will you	u work during school? □ No
Full-time	Part-time	☐ Full-time	□ Part-time
	rvice/Volunteer Work		
Organization Du	ties Length	of Serv	vice
Academic & Fi	nancial Aid Informatio	n	
Academic & Fi Fall Semester C		n	
Fall Semester C		2 nd Year	¹ Year □ 4 th Year
Fall Semester Co Two – Year Co Four – Year Co	Class Level:	2 nd Year 2 nd Year □ 3 rd	
Fall Semester Co Two – Year Co Four – Year Co Institution wher	Class Level: llege	2 nd Year 2 nd Year □ 3 nd ted for the Fall Send	nester
Fall Semester Control Two – Year Control Four – Year Control Institution where Expected Degree Expected Date of	Class Level: Illege	2 nd Year 2 nd Year □ 3 nd ted for the Fall Send	nester
Fall Semester Control Two – Year Control Four – Year Control Institution where Expected Degree Expected Date of Will you received	Class Level: Illege	2 nd Year 2 nd Year □ 3 nd ted for the Fall Send	nester

Essay (Limit to one (1) typed page)

Please describe your academic/personal achievements, career aspirations and life goals

A	pplicant	Certification	and Release	of In	formation

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I meet all eligibility requirements as specified in this application and accompanying instructions.
- I understand that I may only receive one scholarship administered by PBF per academic year. I understand that application materials become the property of PBF and will not be returned.
- I hereby authorize PBF to share or publish my GPA and application for the purpose of evaluation, recruitment, public relations, or any other related activity.
- I understand that I must notify PBF of any changes in contact information and enrollment status. I also understand that a change in full-time status may result in the cancellation of any award.

Applicant's Signature	Date

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RECOMMENDATION FORM(Must be submitted with scholarship application)

The named applicant is being considered for a PBF Scholarship. You have been chosen by the applicant to aid us in our selection of this year's recipient(s). The information you furnish will be available only to the Scholarship Committee.

(Applicant – please print or type your and address, and advise recommender of application deadline) Applicant First Last Middle Address Below Average Not Observed Above Average Average Academics Leadership Character Maturity Personal Integrity 1. How long and in what capacity have you known the applicant? (You may use additional sheets if needed) 2. If you were making the decision to award this applicant, what would your overall impression be? (You may use additional sheets if needed)

In addition to this recommendation form, please provide a personal letter of recommendation.