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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1-000-233-3300
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FOR OFFICE USE ONLY
Official transcript
Letters of Recommendation
Essay

SCHOLARSHIP APPLICATION Division Scholarship

Personal Information (Please type or use blad	ck ink)		
Last Name, First, MI	Social Security 1	Number D	ate of Birth	Age
Birthplace Home	Telephon	e No. Email		
Current Address City Sta	te Zip			
Mother's Name Occupati	on PBA		Member?	
Father's Name Occupation	on PBA		Member?	
Address of Parent or Guard	dian if different from a	bove		
Education				
High School	Location	Date of Graduation	n Cumulative	e GPA
College Location Major	Cumulative			GPA
Activities				
High School or College Ex	ktracurricular Activities	S		

Are you currently employed?	Employer	Job Title/Duties	Length of Empl	oyment Salary
Academic & Financial Aid Information Fall Semester Class Level: Two - Year College 1st Year 2nd Year 3rd Year 4th Year Institution where you are enrolled or accepted for the Fall Semester Expected Degree Associate's Bachelor's Expected Date of Graduation (mm/yy) Will you receive any other financial aid? Will yes, check all that apply:				
Community Service/Volunteer Work Organization Duties Length of Service Academic & Financial Aid Information Fall Semester Class Level: Two – Year College 1st Year 2nd Year 3rd Year 4th Year Institution where you are enrolled or accepted for the Fall Semester Expected Degree Associate's Bachelor's Expected Date of Graduation (mm/yy) Mill you receive any other financial aid? Will you receive any other financial aid? Yes No If yes, check all that apply:			If yes, will you	
Academic & Financial Aid Information Fall Semester Class Level: Two – Year College 1st Year 2nd Year 3rd Year 4th Year Institution where you are enrolled or accepted for the Fall Semester Expected Degree Associate's Bachelor's Expected Date of Graduation (mm/yy) Will you receive any other financial aid? Yes No If yes, check all that apply:	□ Full-time	Part-time	Full-time	Part-time
Academic & Financial Aid Information Fall Semester Class Level: Two – Year College 1 st Year 2 nd Year 3 rd Year 4 th Year Four – Year College 1 st Year 2 nd Year 3 rd Year 4 th Year Institution where you are enrolled or accepted for the Fall Semester Expected Degree Associate's Bachelor's Expected Date of Graduation (mm/yy) / Will you receive any other financial aid? Yes No	Community Se	rvice/Volunteer Work		
Fall Semester Class Level: Two - Year College				ce
Fall Semester Class Level: Two - Year College				
Fall Semester Class Level: Two – Year College				
Fall Semester Class Level: Two – Year College				
Four – Year College			on	
Expected Degree				Year □ 4 th Year
Expected Date of Graduation (mm/yy)/ Will you receive any other financial aid? □ Yes □ No If yes, check all that apply:	Institution wher	e you are enrolled or acce	pted for the Fall Seme	ester
Expected Date of Graduation (mm/yy)/ Will you receive any other financial aid? □ Yes □ No If yes, check all that apply:			D 111	
☐ Yes ☐ No If yes, check all that apply:	Expected Degre			
	1	\ 33 / =		
	Expected Date of Will you receive	e any other financial aid?		

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

Applicant Certification and Release of Information

- 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 – pleas	se print or type your an	d address, and advis	se recommender of app	olication deadline)
Applicant				
La	st	First		Middle
Address				
	Above Average	Average	Below Average	Not Observed
Academics				
Leadership				
Character				
Maturity				
Personal Integrity				
1. How long if needed)	and in what capacity	have you known tl	he applicant? (You ma	y use additional sheets
	e making the decision to be? (You may use addi			our overall

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