

POLICE BENEVOLENT FOUNDATION, INC.
2155 Hwy 42 S
McDonough, GA 30252
(866) 915-3425
www.pbfi.org

Memorial Scholarship

APPLICATION INSTRUCTIONS

Application Deadline: June 1st of each year

ELIGIBILITY CRITERIA

To be eligible for a scholarship, you must:

- Be the child of a PBA member killed in the line of duty
- Be accepted for admission to a two-year or four-year university
- Be enrolled as a full-time student or be accepted as an incoming freshman

APPLICATION PREPARATION

Please include the following with your application:

- Official Transcript from current institution
- If you are a transfer student, please provide an official transcript from your previous institution. All official transcripts must be sealed closed.

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2155 Hwy 42 S
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1-800-233-3506
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FOR OFFICE USE ONLY
___OFFICIAL TRANSCRIPT

SCHOLARSHIP APPLICATION
Memorial Scholarship

Personal Information *(Please type or use black ink)*

Last Name, First, MI	Social Security Number	Date of Birth	Age
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Birthplace	Home	Telephone No.	Email
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Current Address	City	State	Zip
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Mother's Name	Occupation
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Father's Name	Occupation
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Address of Parent or Guardian if different from above

Education

High School	Location	Date of Graduation	Cumulative GPA
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College	Location	Major	Cumulative	GPA
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Activities

High School or College Extracurricular Activities

Employment Information *(Please provide a brief work history in chronological order)*

Employer	Job Title/Duties	Length of Employment	Salary

Are you currently employed?
 Yes No Yes

If yes, will you work during school?
 No

Full-time Part-time

Full-time Part-time

Community Service/Volunteer Work

Organization	Duties	Length	of Service

Academic & Financial Aid Information

Fall Semester Class Level:				
Two – Year College	<input type="checkbox"/> 1 st Year	<input type="checkbox"/> 2 nd Year		
Four – Year College	<input type="checkbox"/> 1 st Year	<input type="checkbox"/> 2 nd Year	<input type="checkbox"/> 3 rd Year	<input type="checkbox"/> 4 th Year
Institution where you are enrolled or accepted for the Fall Semester				
<hr/>				
Expected Degree	<input type="checkbox"/> Associate’s	<input type="checkbox"/> Bachelor’s		
Expected Date of Graduation (mm/yy)	_____ / _____			
Will you receive any other financial aid?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply:				
<input type="checkbox"/> Student Loans	<input type="checkbox"/> Grants	<input type="checkbox"/> Scholarships	<input type="checkbox"/> Parental Contribution	

Certification and Release (*Read and sign below*)

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 _____