

**POLICE BENEVOLENT FOUNDATION, INC.**  
2155 Hwy 42 S  
McDonough, GA 30252  
(866) 915-3425  
[www.pbfi.org](http://www.pbfi.org)

*Division Scholarship*

**APPLICATION INSTRUCTIONS**

**Application Deadline: June 1<sup>st</sup> 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 two-year 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 criteria:

- 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*

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

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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	PBA	Member?
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Father's Name	Occupation	PBA	Member?
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Address of Parent or Guardian if different from above
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**Education**

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

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High School or College Extracurricular Activities
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**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

If yes, will you work during school?  
 Yes       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 <sup>st</sup> Year	<input type="checkbox"/> 2 <sup>nd</sup> Year		
Four – Year College	<input type="checkbox"/> 1 <sup>st</sup> Year	<input type="checkbox"/> 2 <sup>nd</sup> Year	<input type="checkbox"/> 3 <sup>rd</sup> Year	<input type="checkbox"/> 4 <sup>th</sup> Year
Institution where you are enrolled or accepted for the Fall Semester				
_____				
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	

**Essay** *(Limit to one (1) typed page)*

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

**Certification and Release** (*Read and sign below*)

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**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 – please print or type your name and address, and advise recommender of application deadline)*

Applicant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

	Above Average	Average	Below Average	Not Observed
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.*