

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

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

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

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 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				

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)*

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

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 _____

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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.