



**JACK L. ROBERTS SCHOLARSHIP
APPLICATION**

JACK L. ROBERTS SCHOLARSHIP APPLICATION

Thank you for choosing to apply for the Jack L. Roberts Scholarship.

If you have any questions about the application, please call 1-800-233-3506, ext. 235.

Eligibility Criteria

To be eligible for this scholarship, you must:

- Be the child or stepchild of a PBA member killed outside the line of duty
 - The PBA member must have maintained active uninterrupted membership for at least 7 years prior to death.
- Be accepted for admission to a two-year or four-year college or university OR be enrolled as a full-time student at a two-year or four-year college or university
 - The surviving child must be currently enrolled or eligible for entry into an accredited college or university within three calendar years of their parent's death.

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 submission:

- Complete the application
- Official transcript
 - This transcript must come from your current institution.
 - It must show your cumulative GPA.
 - If you are a transfer student, please provide an official transcript from your previous institution.
 - All official transcripts must be sealed.

Application Checklist

- Application
- Official transcript

JACK L. ROBERTS SCHOLARSHIP APPLICATION

Thank you for choosing to apply for the Jack L. Roberts Scholarship.

If you have any questions about the application, please call 1-800-233-3506, ext. 235.

Applicant Information

First Name _____

Last Name _____

Date of Birth _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

E-mail _____

Phone Number _____

***Applicants must be a child or stepchild of a deceased Southern States
Police Benevolent Association member.***

Name of SSPBA member _____

Relation to Applicant _____

Education

High School _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Date of Graduation _____

Cumulative GPA _____

Extracurricular Activities _____

College _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Major _____

Cumulative GPA _____

Extracurricular Activities _____

JACK L. ROBERTS SCHOLARSHIP APPLICATION

Thank you for choosing to apply for the Jack L. Roberts Scholarship.

If you have any questions about the application, please call 1-800-233-3506, ext. 235.

Employment Information

Are you currently employed? Yes No

If yes, Full-time Part-time

Will you work during school? Yes No

If yes, Full-time Part-time

Employer _____

Job Title _____

Duties _____

Dates of Employment _____

Salary _____

Employer _____

Job Title _____

Duties _____

Dates of Employment _____

Salary _____

Community Service & Volunteer Work

Organization _____

Length of Service _____

Duties _____

Organization _____

Length of Service _____

Duties _____

Organization _____

Length of Service _____

Duties _____

JACK L. ROBERTS SCHOLARSHIP APPLICATION

Thank you for choosing to apply for the Jack L. Roberts Scholarship.

If you have any questions about the application, please call 1-800-233-3506, ext. 235.

Academic Information

Fall Semester Class Level:

Two year college: 1st year 2nd year

Four year college: 1st year 2nd year 3rd year 4th year

Institution where you are currently enrolled or accepted for fall semester

Financial Aid Information

Will you receive additional financial aid? Yes No

If yes, check all that apply:

- Student Loans
- Grants
- Scholarships
- Parental Contributions

Expected Degree? Associate's Bachelor's

Expected Date of Graduation (mm/yy) _____

Certification and Release

Please 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 _____