



**MEMORIAL SCHOLARSHIP  
APPLICATION**

# MEMORIAL SCHOLARSHIP APPLICATION

Thank you for choosing to apply for the Memorial Scholarship.

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

## Eligibility Criteria

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To be eligible for this 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 college or university OR be enrolled as a full-time student at a two-year or four-year college or university

## Selection Criteria

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Applicants are evaluated on the following criteria:

- Academic record
- Financial need
- Educational purposes
- Academic achievements
- Personal achievements
- Community service

## Application Preparation

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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

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- Application
- Official transcript

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## 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Employment Information

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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

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Organization \_\_\_\_\_

Length of Service \_\_\_\_\_

Duties \_\_\_\_\_

Organization \_\_\_\_\_

Length of Service \_\_\_\_\_

Duties \_\_\_\_\_

Organization \_\_\_\_\_

Length of Service \_\_\_\_\_

Duties \_\_\_\_\_

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## 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

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## 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 \_\_\_\_\_