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
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. 734.

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 ________________________________
**Employment Information**

<table>
<thead>
<tr>
<th>Are you currently employed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Full-time</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will you work during school?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, Full-time</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer</th>
<th>Job Title</th>
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<tr>
<td>Duties</td>
<td>Dates of Employment</td>
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**Community Service & Volunteer Work**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Length of Service</th>
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</thead>
<tbody>
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<td>Duties</td>
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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. 734.

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 ________________________________