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. 734.

Eligibility Criteria

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

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
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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 ____________________________
MEMORIAL SCHOLARSHIP
APPLICATION

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Employment Information

Are you currently employed?  □ 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 ________________________________________________

Please submit all components to the Police Benevolent Foundation | 2155 Hwy 42 South | McDonough, GA 30252
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. 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 ___________________________________________________________