

DIVISION SCHOLARSHIP APPLICATION

Eligibility Criteria

To be eligible for this scholarship, you must:

- Be a child or step-child of a current SSPBA member
- Be 21 years of age or younger at time of application submission
- Be accepted for admission to a two-year or four-year college or university and must be pursuing a full-time course load
- Be enrolled as a full-time student or be accepted as an incoming freshman pursuing a full time course load
- 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 / Checklist

Please include the following with your submission:

- Application
 - Completed 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 or stamped/embossed from the school/college or emailed directly from school/college, or sent from the Parchment platform.
- Personal Essay
 - Write and submit an essay.
 - All essays must be typed and be a maximum of one page single-spaced in length. Please include your name at the top of the page.

(In the essay, please describe your academic achievements, personal achievements, career aspirations and life goals. Please also include how you have exhibited leadership, your community service work and financial need for this scholarship.)
- Recommendation letter(s)
 - Submit up to (3) letters of recommendation from outside your family.

Thank you for choosing to apply for the Division Scholarship. If you have any questions about the application, please call 1-800-233-3506, ext. 734.



DIVISION SCHOLARSHIP APPLICATION

Applicant Information

Name _____

Date of Birth _____

Street Address _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Applicant E-mail _____

Applicant Phone Number _____

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

Name of SSPBA member _____

Relation to Applicant _____

SSPBA Member ID _____

SSPBA Member's Email _____

SSPBA Member's Phone Number _____

SSPBA Member's Address _____

City _____ State _____ Zip Code _____

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

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 _____

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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

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) _____

Applicant Certification and Release of Information

Please read and initial each statement below.

_____ I certify that I meet all eligibility requirements as specified in this application and accompanying instructions.

_____ I certify that all information on this application is true and complete to the best of my knowledge.

_____ I am (or will be) a full time student.

_____ I understand that I may only receive one scholarship 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.

_____ I am 21 years of age or younger at time of application.

Applicant's Signature _____

Date _____

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Recommendation Form (1 of 3)

Applicant, please print or type your name, and advise recommender of application deadline, June 1st.

Student's Name _____

The named applicant is being considered for the Police Benevolent Foundation's Division Scholarship. You have been chosen by the applicant to aid us in our selection of this year's recipient(s). The information you provide will be available only to the Scholarship Committee.

Recommender's Name _____

Occupation & Title _____

	Above Average	Average	Below Average	Not Observed
Academics				
Leadership				
Character				
Maturity				
Personal Integrity				

How long and in what capacity have you known the applicant?

If you were making the decision to award this applicant, what would your overall impression be?

*****In addition to this recommendation form, please provide a personal letter of recommendation.*****

Thank you for choosing to apply for the Division Scholarship. If you have any questions about the application, please call 1-800-233-3506, ext. 734.

Recommendation Form (2 of 3)

Applicant, please print or type your name, and advise recommender of application deadline, June 1st.

Student's Name _____

The named applicant is being considered for the Police Benevolent Foundation's Division Scholarship. You have been chosen by the applicant to aid us in our selection of this year's recipient(s). The information you provide will be available only to the Scholarship Committee.

Recommender's Name _____

Occupation & Title _____

	Above Average	Average	Below Average	Not Observed
Academics				
Leadership				
Character				
Maturity				
Personal Integrity				

How long and in what capacity have you known the applicant?

If you were making the decision to award this applicant, what would your overall impression be?

*****In addition to this recommendation form, please provide a personal letter of recommendation.*****

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Recommendation Form (3 of 3)

Applicant, please print or type your name, and advise recommender of application deadline, June 1st.

Student's Name _____

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