



FLORIDA POLICE BENEVOLENT ASSOCIATION, INC.

The Voice of Florida's Law Enforcement Officers
Post Office Box 11239 ♦ Tallahassee, Florida 32302

P.B.A. SCHOLARSHIP PROGRAM

The Florida P.B.A. Scholarship Committee accepts applications for college scholarship funds from September 1st through November 30th.

INSTRUCTIONS

Complete the application form and return it to:

PBA College Scholarship Program
Tampa Police Benevolent Association
3010 N. Boulevard
Tampa, Florida 33603

Entries must be postmarked no later than November 30th. Entries not mailed to this address or postmarked after November 30th, will be ineligible. Scholarship applicants will be notified no later than December 30th.

ELIGIBILITY REQUIREMENTS

To be eligible for a Florida P.B.A. scholarship, the following requirements must be met:

- You must be sponsored by a legal guardian who is a P.B.A. member in good standing for at least **ten (10) consecutive years** at the time of application.
- You must be financially dependent on the P.B.A. member. Definition of financially dependent will be as defined by the IRS.
- You must be, or plan to be, a part-time or full-time student at an accredited State of Florida 2-year or 4-year public college.
- You must maintain a 2.0 average – proof of grades required.
- You must submit receipts of expenditures.
- If selected, you must submit a letter of appreciation to the Florida P.B.A. (An applicant awarded a scholarship does not automatically get a scholarship for subsequent semesters/quarters in the school year or for subsequent school years. Those who have previously been awarded a scholarship must complete renewal eligibility form every year.)

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FLORIDA POLICE BENEVOLENT ASSOCIATION BUILDING

300 East Brevard Street, Tallahassee, Florida 32301-1218
(850) 222-3329 ♦ 1-800-733-3722 ♦ FAX: (850) 561-0192 ♦ www.flpba.org



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SCHOLARSHIP PROGRAM APPLICATION

Applicants should realize that many scholarships are based on financial need, as well as merit.

Name: _____
(print or type all information)

Address: _____ Home Phone: _____

City: _____ State: _____ ZIP: _____

Social Security Number: _____ Date of Birth: _____

E-Mail: _____

With our signatures on this application, we hereby give permission to release test scores, grades, and parental information when necessary. We also understand that the recipient of the scholarship will submit a letter of appreciation to the Florida Police Benevolent Association. We further certify that all statements made herein are correct. (Any intentional misrepresentation will immediately disqualify applicant.)

Parent/Guardian Signature

Applicant Signature

Date Submitted

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INFORMATION SHEET

Father Information

Name: _____

Employer: _____

Occupation: _____ SSN: _____

Length of Service: _____

P.B.A. Member? ___ Yes ___ No — If yes, how long? _____

Mother Information

Name: _____

Employer: _____

Occupation: _____ SSN: _____

Length of Service: _____

P.B.A. Member? ___ Yes ___ No — If yes, how long? _____

Student Information

Name: _____

Are you living with: ___ Father ___ Mother
 ___ Step Father ___ Step-Mother

Are your parents: ___ Married ___ Divorced ___ Separated

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Are you receiving income from:

- Social Security
- Child Support
- Company Pension
- AFDC
- Other, _____

Number of dependents on P.B.A. member's income, other than applicant? _____

What college do you plan to attend? _____

Have you applied? ____ Yes ____ No

Have you been accepted? ____ Yes ____ No

Have you applied for financial aid elsewhere? ____ Yes ____ No

Have you received any? ____ Yes ____ No

If yes, how much and from whom? _____

What do you expect to major in at college?

- Agriculture (Veterinary Medicine, Conservation, Forestry, Etc.)
- Arts (Foreign Studies, Foreign Languages, Letters, Communications, Fine and Applied Arts)
- Business (Business & Management, Accounting, Hotel Management)
- Computer Sciences
- Education
- Home Economics
- Law, Criminal Justice
- Medicine and Health Professions
- Science (Biological & Physical Sciences, Engineering, Math)
- Social Sciences (Psychology, Public Affairs and Services, Religion)

APPLICANT: Answer the following question completely, but briefly. Use only the space provided.
What are your educational goals, and your future career goals?

Applicant: _____

FOR INTERNAL USE ONLY

Charter/Chapter Name: _____

President: _____

Membership Verification: _____

Is member in good standing? ____ Yes ____ No If yes, how long? ____ Years ____ Months

Is member presently on your Board of Directors? ____ Yes ____ No

If yes, what position is he/she currently holding? _____

How long has he/she served on your Board? ____ Years ____ Months

Is the member active in the advancement of P.B.A. matters? ____ Yes ____ No

Additional comments (if any): _____

Charter/Chapter President's Signature: _____

Approved Disapproved

Ernie George, Treasurer

Date

