

# **New Jersey State Policemen's Benevolent Association, Inc.**

## **Scholarship Requirements**

### **I. ELIGIBLE INDIVIDUALS**

- A. CHILDREN OF PBA MEMBERS WHO ARE ACTIVE AT THE TIME OF APPLICATION.
- B. CHILDREN OF PBA MEMBERS WHO DIED WHILE ON THE ACTIVE-DUTY ROLLS.
- C. CHILDREN OF RETIRED PBA MEMBERS WHO ARE RETIRED IN GOOD STANDING.
- D. CANDIDATES WHO ARE ACCEPTED AS FRESHMEN AT AN ACCREDITED JUNIOR COLLEGE, COLLEGE OR UNIVERSITY.

### **II. REQUIREMENTS FOR CONSIDERATION**

- A. ALL APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE SCHOLARSHIP COMMITTEE NO LATER THAN **MARCH 1st**. ANY APPLICATION WHICH IS MAILED SHALL BE POSTMARKED NO LATER THAN **MARCH 1st**.
- B. PART I OF THE APPLICATION MUST BE COMPLETED AND SIGNED BY THE APPLICANT'S PARENT/GUARDIAN AND LOCAL'S DELEGATE CONFIRMING THE TRUTHFULNESS OF ITS CONTENTS.
- C. PART II OF THE APPLICATION MUST BE COMPLETED AND RETURNED DIRECTLY TO THE STATE PBA SCHOLARSHIP COMMITTEE BY **MARCH 1st**.
- D. S.A.T. SCORE(S), CLASS RANKING, AND GRADE POINT AVERAGE **MUST BE COMPLETED** ON PAGE 4. APPLICANTS MAY COMPLETE QUESTION #4 OF THIS SECTION OR ARE RESPONSIBLE TO MAKE THEIR GUIDANCE OFFICE AWARE OF THIS PROVISION. OFFICIAL TRANSCRIPTS MUST BE ATTACHED TO VERIFY THIS INFORMATION.

**New Jersey State Policemen's Benevolent Association, Inc.**

**Scholarship Application**

PART I - APPLICANT AND PARENT INFORMATION

1.)

APPLICANT NAME		
STREET		
TOWN	STATE	ZIP
TELEPHONE	D.O.B.	CLASS OF

2.)

PARENT INFORMATION (PBA MEMBER)

NAME
HOME ADDRESS
LAW ENFORCEMENT AGENCY
P.B.A. LOCAL NAME & NUMBER

3.)

OTHER PARENT

NAME
HOME ADDRESS
OCCUPATION/EMPLOYEEER

4.)

NAMES AND AGES OF ALL APPLICANT'S SIBLINGS


5.) GIVE NAMES AND DATES OF HIGH SCHOOLS ATTENDED


PART I - APPLICANT AND PARENT INFORMATION (continued)

6.) LIST ALL EXTRA-CURRICULAR ACTIVITIES YOU HAVE PARTICIPATED IN DURING YOUR HIGH SCHOOL YEARS. (Include church groups, community organizations, part-time and summer employment.)


7.) PLEASE LIST OFFICES YOU HAVE HELD IN CLUBS, SPORTS TEAMS, ETC.


- 8.) PLEASE LIST OTHER SCHOLARSHIP PROGRAMS TO WHICH YOU HAVE APPLIED. PLEASE INDICATE AMOUNTS OF EACH SCHOLARSHIP AND STIPULATE IF YOU HAVE RECEIVED A RESPONSE FROM THE PROGRAMS APPLIED TO.


- 9.) IN YOUR OWN HANDWRITING, PLEASE DESCRIBE YOUR REASONS FOR WISHING TO ATTEND COLLEGE. IF YOU HAVE CHOSEN YOUR VOCATION, PLEASE SO INDICATE AND TELL YOUR REASONS FOR SELECTING THE COLLEGE YOU ARE PLANNING ON ATTENDING. ADDITIONALLY, TELL WHY YOU BELIEVE YOU WILL HAVE SUCCESS IN THE FIELD YOU HAVE CHOSEN AND WHY YOU BELIEVE YOU WILL SUCCEED IN COLLEGE.

(Please use a separate sheet of paper for your answer.)

- 10.) (OPTIONAL) SINCE THE FINANCIAL NEED OF THE APPLICANT COULD BE AN IMPORTANT CONSIDERATION IN THE SELECTION PROCESS, PLEASE FEEL FREE TO SUBMIT A LETTER OUTLINING A CLEAR PICTURE OF THE FAMILY'S FINANCES. THIS LETTER MAY INCLUDE ANY FAMILY HARDSHIPS AND/OR ILLNESSES THAT CAUSED A SEVERE FINANCIAL BURDEN TO THE APPLICANT'S FAMILY. ALL LETTERS RECEIVED WILL BE HELD IN THE STRICTEST OF CONFIDENCE.

11.) CERTIFICATION

BY SIGNING THIS APPLICATION, YOU ARE MAKING THE STATEMENT THAT THE FOREGOING INFORMATION WAS ANSWERED TRUTHFULLY TO THE BEST OF YOUR KNOWLEDGE AND YOU REQUEST THAT THE APPLICANT BE CONSIDERED FOR THIS SCHOLARSHIP.

APPLICANTS SIGNATURE: \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_

STATE DELEGATE'S SIGNATURE: \_\_\_\_\_ LOCAL # \_\_\_\_\_

Part II – Secondary School Record

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Applicant's Name

1.) **YOUR SECONDARY SCHOOL RECORD FROM HIGH SCHOOL MUST BE ATTACHED TO THIS PAGE. THE COMPLETE RECORD TO DATE MUST BE SIGNED AND SEALED BY YOUR HIGH SCHOOL PRINCIPAL AND MUST BE ON YOUR SCHOOLS OFFICIAL TRANSCRIPT FORM.**

2.) PLEASE INDICATE THE DATE(S) AND PLACE(S) YOU TOOK THE COLLEGE ENTRANCE EXAMINATION (S.A.T. OR OTHER)


3.) A STATEMENT FROM YOUR HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR MUST BE ATTACHED TO THIS SECTION.

\*\*\*4.) **S.A.T. SCORE** \_\_\_\_\_

**CLASS RANKING** \_\_\_\_\_ **OF** \_\_\_\_\_ **(MUST BE COMPLETED)**

**GRADE POINT AVERAGE** \_\_\_\_\_

5.) THE ABOVE SECTION MUST BE MAILED DIRECTLY TO:

**NJ STATE PBA SCHOLARSHIP COMMITTEE  
158 MAIN STREET  
WOODBRIIDGE, NJ 07095.**

THE ENVELOPE MUST BE POSTMARKED NO LATER THAN **MARCH 1st.**