



Positive Energy Affecting Recovering Lives (P.E.A.R.L.) Ben Roberds Scholarship (BRS)

Educational Scholarship Application Packet

Applications open at 12:00am on January 29, 2024

Applications close at 11:59pm on March 31st

Scholarship will be awarded at the BCDC Graduation in May 2024

Awarded funds must be used by May 1st of the following year

About our scholarship

- P.E.A.R.L. is a non-profit, 501(c) (3) organization. P.E.A.R.L. BRS funding is made possible through the generosity of individuals, private foundations, and corporate donors.
- Applicants who are selected as BRS recipients will be eligible to receive a total of \$2500 for two semesters in which they are enrolled (fall, spring, summer) to a 2- or 4-year college or vocational college accredited institution. Funds must be used for tuition, textbooks, and related educational expenses.

Eligibility Requirements

- Must be an active participant OR graduate in good standing of the Benton County Adult Drug Court, Benton County Juvenile Drug Court, and Veterans Treatment Court.
- Active participant in a 12-step recovery program.
- Must have a high school diploma or GED.
- Full-time scholarship: must take a minimum of 12 credit hours to be eligible for a full-time scholarship or considered full time for vocational college.
- Must have a cumulative GPA of 2.5.
- Must have completed or are in the process of completing the Free Application for Federal Student Aid (FAFSA) (not required for DACA student or those in an approved short-term training program). **(IF ELIGIBLE)**
- Your household income is typically not more than 250% of Federal Poverty Guidelines.

Application and required documents check-list:

- Completed application:** Fill out application in its entirety. Incomplete applications will not be considered.
- Personal typed narrative:** Essay with a minimum of 500 words about your life experiences, personal, and educational goals.
- Two (2) letters of recommendation:** One of the letters must be from a counselor or staff member of BCDC. All letters should be typed and signed in ink by the person writing the letter.
- College transcript:** Transcript can be an unofficial copy and must also contain previous semester final grades. (IF ELIGIBLE or APPLICABLE)
- Copy of applicant's upcoming semester schedule**
- Previous year's federal tax return:** MUST show claimed dependents or an explanation provided if no dependents claimed.
- Student Aid Report (SAR):** Copy from your FAFSA found at www.fafsa.gov. (If applicable)

Additional information

- Incomplete applications will not be considered. If you are unable to provide a requested document, please provide an explanation that explains why it is not included.
- Faxed applications will not be accepted.
- P.E.A.R.L. board members, staff members, and their immediate relatives are ineligible to apply for the BRS.

Applications and supporting documents must be received or postmarked by the given deadline.

P.E.A.R.L.: Attention: BRS
115 N. Dixieland Rd, Suite 1
Rogers, AR 72756

OR

Utilize an online app like [Digisigner](#) to upload this application to complete it online. After saved, email the application & all required documentation to support@arpearl.org with the subject of "Ben Roberds Scholarship Application".

Online Tool: <https://www.digisigner.com/free-electronic-signature/sign-document-online>



Positive Energy Affecting Recovering Lives, (P.E.A.R.L.)
Ben Roberds Scholarship (BRS)

Educational Scholarship Application

Applications open at 12:00am on January 29, 2024

Applications close at 11:59pm on March 31st

Scholarship will be awarded at the BCDC Graduation in May 2024

Awarded funds must be used by May 1st of the following year

Applications and supporting documents must be received or postmarked on or before deadline date.

Name: _____ Student ID: _____

Address: _____

City: _____ State: AR Zip Code: _____

Phone: _____ Work #: _____ Cell# _____

Email address: _____

Marital status: _____ Ethnicity: _____ Gender: _____

Is anyone in your immediate family employed with P.E.A.R.L. or on the board of directors? Yes No

Please list all people living in your household (including yourself):

Name	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Academic Status

What school will you attend this semester: _____

Major / Area of Focus: _____ Anticipated Graduation Date: _____

What will be your enrollment status for the fall / spring / summer semester? Full-time Part-time

Number of semester hours in which you will be enrolled during the fall / spring / summer semester: _____

Classification: Freshman Sophomore Junior Senior Vocational

Current GPA: _____ Cumulative GPA: _____

Education

Please list the names, dates of attendance, and level of training received:

NAME OF SCHOOL	DATES ATTENDED	GRADUATED	DIPLOMA OR CERTIFICATE
EXAMPLE: Mills High School	1989-1991	Yes	Yes

Employment

Please list your current or most recent employer: _____

Job title: _____ Telephone #: _____

Address: _____

Number of hours per week: _____ Dates of employment: From _____ to _____

Will you continue to work during the semester? _____ Number of hours per week _____

Will you have an internship, fieldwork, or clinical hours for the fall semester? Yes No

Financial Status

Have you ever received a scholarship from P.E.A.R.L.? Yes No If yes, when? _____

Have you applied for other financial aid or scholarships? If so, please list them here:

Have you completed the current year FAFSA? Yes No

Monthly Income & Expenses

Income Column	Estimated Amount (monthly)	Expense Column	Estimated Amount (monthly)
Earned Wages		Rent/mortgage	
Child support		Electricity	
SNAP benefits		Gas	
Housing assistance		Cable/satellite	
Childcare assistance		Phone	
Family contributions		Water	
Other		Food	
		Childcare	
		Medical/dental	
		Clothing	
		Transportation	

		Car Insurance	
		Health/dental insurance	
		Credit cards	
		Other (please explain)	
TOTAL INCOME:		TOTAL EXPENSES:	

Estimated Semester Awards Package and Expenses

Estimated Financial Aid	Per semester	Estimated School Expenses	Per semester
Financial Aid Award Package		Estimated tuition and fees	
Scholarships		Estimated books and supplies	
Other assistance (please explain)		Other costs (please explain)	
TOTAL Estimated Financial Aid:		TOTAL Estimated School Costs:	

Memorandum of Understanding & Scholarship Application Verification

P.E.A.R.L. is a private, non-profit organization founded on the principle of reducing recidivism by providing rehabilitative resources to alternative court clients with housing, education, and supportive services.

I understand the following:

- I must maintain a minimum 2.5 GPA cumulative GPA.
- I must live in Benton \ Washington \ Carroll \ Madison County.
- I must be enrolled and taking required courses toward degree completion.
- I must meet the Satisfactory Academic Progress (SAP) policy of my school.
- Not all applicants who meet eligibility requirements will be awarded a scholarship.
- The status of program funds and/or eligibility may change without notice.

If I am awarded a scholarship or if I should become ineligible to receive a scholarship or any part thereof, I waive any cause of action that I may have against P.E.A.R.L., its officers, directors, employees or volunteers. I understand that by affixing my signature to this document that P.E.A.R.L., its officers, directors, employees or volunteers will not be liable for any loss that I may suffer by reason or not receiving a scholarship.

I understand that the information provided on this application and supporting documentation is true and correct to the best of my knowledge and belief. I understand that there is no guarantee that any scholarship will be awarded and that any material misrepresentation or deliberate omission of information on my application or in the interview may be justification for denial of or termination of scholarship assistance by the Ben Roberds Educational Scholarship.

X _____
Applicant Signature Date

Release of Information & FERPA Authorization

I understand that P.E.A.R.L. is required to verify information provided to determine continuing eligibility of assistance. I allow P.E.A.R.L. access to my educational and financial records. P.E.A.R.L. may utilize information provided in my application for the purposes of reporting, donor and public relations and general publicity. I further understand that I can revoke this authorization at any time by notifying the P.E.A.R.L. office in writing.

X _____
Applicant Signature Date

Applicant Printed Name School Student ID#

Applications and supporting documents (listed page 2) must be received or postmarked by deadline date.