



ALABAMA MUNICIPAL ELECTRIC AUTHORITY

Scholarship Program

Power That Works For You!®

Applicant's Name: _____

SCHOLARSHIP SUBMISSION REQUIREMENTS

The Alabama Municipal Electric Authority (AMEA) Scholarship Program offers 2 (per Member City), \$2,500 scholarships on behalf of: Alexander City, Dothan, Fairhope, Lanett, LaFayette, Luverne, Opelika, Piedmont, Riviera Utilities, Sylacauga and Tuskegee.

To be eligible for this scholarship, you must meet the following requirements:

1. The student's parents or guardian must be a customer of an AMEA Member City electric department.
2. The student must attend a college or university within the state of Alabama.
3. The student must be a graduating high school senior.

DIRECTIONS/(CHECKLIST):

- _____ All sections of the application completed.
- _____ Two letters of recommendation are required:
 - _____ 1. One letter from a guidance counselor or teacher
 - _____ 2. One letter from someone in the community you know personally
- _____ An official transcript from your guidance counselor. ***Note: Application will not be considered without official transcript, including ACT/SAT score.***

RETURN TO:

Scholarship Application
Alabama Municipal Electric Authority
P.O. Box 5220
Montgomery, AL 36103-5220

The deadline is the **first Monday in February**. **All applications must be postmarked no later than that day to be eligible for consideration.**

JUDGING:

All applications will be judged based on grades, ACT or SAT score, financial need, community involvement and work experience.

The top five will then be reviewed, and winners will be selected, by an independent panel of Montgomery area college guidance personnel.

Winners and non-winners of the scholarships will be notified by mail in mid-April.



Incomplete or late applications will not be considered.

*Need more info? Contact Pamela Poole, AMEA Scholarship Coordinator,
(800) 239-2632, Ext. 110, or pam@amea.com*



Power That Works For You!®

SCHOLARSHIP PR

Alabama Municipal Electric Authority • P. O. Box 5220 • Montgomery, AL 36103-5220

1. Applicant's Name: _____
(First) (MI) (Last)

Applicant's Daytime Phone No.: _____

2. Address: _____
(Street)

(City) (State) (Zip)

3. Email Address: _____

4. Parent or Guardian receives electric power from: _____

Name on Electric Account and Account No.: _____
(Used only for customer verification purposes)

5. Name of High School from which you will graduate: _____

Counselor's Name: _____

Counselor's Email Address: _____

6. Name and mailing address of accredited ALABAMA school you plan to attend as a full-time student in the fall of this year. _____

Intended Major: _____

7. List all school-related activities during Senior High School. Include clubs, societies, sports, band, student council, newspaper/yearbook, FFA, FHA. List offices held.

Activity	Office Held
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use additional sheets if necessary.

PROGRAM APPLICATION

8. List academic honors and awards such as National Honor Society, honor roll, class valedictorian, etc.

Honor	Date
_____	_____
_____	_____
_____	_____

9. List church, synagogue, and community-related activities. Include Boy/Girl Scouts, choir, Y-Teens, Key Club, theater. List awards, ranks, offices, etc.

Activity	Rank/Office, etc.
_____	_____
_____	_____
_____	_____

10. List any activities, awards, recognitions, service projects, etc., that do not fit into the above categories.

_____	_____
_____	_____

11. List jobs in which you received income. Begin with most current. (May include lawn work/baby sitting.)

Employer	Dates
_____	From: _____ To: _____
_____	From: _____ To: _____

Please remember to attach letters and official transcript.

Continues on back

Family Financial Profile

For Use in Establishing Financial Need

Applicant's Name: _____

Number of Family Members Living At Home: _____ (For whom parents are financially responsible)
INCLUDE SIS/BROS IN COLLEGE

Father: _____ Mother: _____

Sis/Bros: _____ Age _____ Age _____
_____ Age _____ Age _____

Father's Employer: _____ Address: _____

Mother's Employer: _____ Address: _____

Applicant's Employer: _____ Address: _____

List here Income from: Child Support _____ Disability Income _____
Soc. Security _____ Aid to Depend. Child. _____

*Total Combined Family Income Check applicable category.

Less Than \$19,999 _____	\$60,000 - 69,999 _____	\$110,000 - 119,999 _____	\$160,000 - 169,999 _____
\$20,000 - 29,999 _____	\$70,000 - 79,999 _____	\$120,000 - 129,999 _____	\$170,000 & Over _____
\$30,000 - 39,999 _____	\$80,000 - 89,999 _____	\$130,000 - 139,999 _____	
\$40,000 - 49,999 _____	\$90,000 - 99,999 _____	\$140,000 - 149,999 _____	
\$50,000 - 59,999 _____	\$100,000 - 109,999 _____	\$150,000 - 159,999 _____	

*From Adjusted Gross Income Line on Federal Income Tax Return.
For verification, finalist is required to furnish current copy of tax return upon notification of finalist status.

List and describe any impact on family finances due to:

Serious/Chronic Health Problems: Who _____ Problem _____
Who _____ Problem _____

Financial responsibility for person(s) other than above listed family members (i.e. grandparents).

Person _____ Relationship _____

Person _____ Relationship _____

Financial impact of this responsibility in previous 12 months. \$ _____

Anticipated impact of this responsibility during next 12 months. \$ _____

Is family home: Owned _____ Monthly Pmt. \$ _____ Rented _____ Monthly Pmt. \$ _____

Are there other financial considerations? Explain below:

What is your best estimate of the financial burden, on your parents, of sibling's expenses during the school year beginning next fall? \$ _____

I submit that all information contained in this application and its attachments is true and correct.

Applicant _____ Parent/Guardian _____