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, LaFayette, Lanett, Luverne, Opelika, Piedmont, Riviera Utilities, Sylacauga and Tuskegee.

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

1. The student's parents or legal 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 score).***

_____

(SIGN) I have read and understand these instructions.

RETURN TO

Scholarship Application
Alabama Municipal Electric Authority
804 S. Perry St.
Montgomery, AL 36104

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 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.

One Scholarship Application Per Student (Either Regular or Technical School Scholarship)

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 • 804 S. Perry St. • Montgomery, AL 36104

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

   Applicant's Home and Cell Phone Numbers: _____

2. **Address:** _____
   (Street)

   _____
   (City) (State) (Zip)

3. **Email Address:** _____

4. **Parent or Legal 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.** _____

   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.

ROGRAM 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, etc. List awards, ranks, offices, etc.

Activity	Rank/Office, etc.

10. List work in which you received income. Begin with most current. (May include lawn work, babysitting, etc.)

Employer	Dates
	From: _____ To: _____
	From: _____ To: _____
	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 (Excluding Applicant): _____
INCLUDE SIS/BROS IN COLLEGE

Father: _____ **Mother:** _____

Parent/Legal Guardian Home and Cell Phone Numbers and E-mail Address _____

_____

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

_____ **Age** _____ _____ **Age** _____

Father's Employer: _____ **Address:**_____

Mother's Employer: _____ **Address:**_____

Applicant's Employer: _____ **Address:**_____

List 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 will be required to furnish current copy of tax return upon notification of finalist status.

List and describe any impact on family finances (attach separate sheet).

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

Applicant _____ **Parent/Guardian** _____

Application must be signed. **Application must be signed.**