**GUIDELINES FOR SCHOLARSHIP**

**Mabel Amos Memorial Fund**

The Mabel Amos Memorial Fund was created under the Last Will and Testament of Mabel Amos who departed this life November 5, 1999. Individuals meeting the following criteria may apply for a Scholarship to assist them with their education, as set forth under ARTICLE V of the Will of Mabel Amos, as follows:

1. The Trust shall be known as The Mabel Amos Memorial Fund.
2. The net income from the trust fund after payment of all costs of administration shall be expended to fund or to provide scholarships for deserving young men and women of this State, and to assist them in attending any educational institution.
3. The recipients of these payments will be chosen by a Board consisting of at least three members.
4. In making their choice as to persons to be benefited, the Board members shall be guided by the following criteria:
5. The character of the individual.
6. The intelligence of the individual, which shall be above average.
7. The scholastic record of the individual.
8. The financial need of the individual.

Scholarships will be awarded on an objective basis. In no event shall race, creed, religion or political affiliation be a factor in making selections.

**If you are INTERESTED IN APPLYING FOR A SCHOLARSHIP in accordance with the guidelines described, please COMPLETE THE ATTACHED APPLICATION AND SUBMIT TO:**

**Mabel Amos Scholarship Fund**

**C/O Regions Bank**

**PO Box 2450**

**Montgomery, AL 36102-2450**

This should not be considered an offer of assistance. The Board reserves the right to unilaterally revoke any applications if in the Board’s opinion it is advisable to do so. Applicants will be notified if they have been awarded a scholarship. Awards are made for one (1) year and are subject to being renewed. Payments will be made to the college or institution on a semester or quarterly basis. Likewise, any award of scholarship money by the Board is conditioned on the recipient’s continued adherence to the criteria first considered when making the initial award, the recipient continuing to be a full-time student making satisfactory progress toward graduation, the financial stability and return on investment of the fund from year to year, the amount of other scholarships awarded, and the Board’s sole discretion as vested in them by the Last Will and Testament of Mabel Amos. Scholarship awards may be revoked at any time. Renewal of scholarships is not guaranteed. By accepting a scholarship, recipient authorizes the release of his/her grades and transcript to the Board for Mabel Amos Memorial Funds.

**SCHOLARSHIP APPLICATION**

**C/O Regions Bank**

**PO Box 2450**

**Montgomery, AL 36102-2450**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GENERAL INFORMATION: (Please type or print - Application MUST be legible)

NAME of Applicant:

(Last) (First) (M.I.)

Address (Home)

(City) (State) (Zip Code)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone No. Date of Birth

NAME of High School:

Address:

(City) (State) (Zip Code)

ACT or SAT SCORE

GPA (4pt scale from High School Transcript) \_\_\_\_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR TRANSCRIPT AND ACT OR SAT SCORE DOCUMENTATION WITH THIS APPLICATION.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLEGE OR UNIVERSITY you are planning to attend:**

NAME:

Address:

 (City) (State) (Zip Code)

School Phone No.:

Updated January 2021 Page 1 of 5**SCHOLARSHIP APPLICATON**

**Mabel Amos Memorial Fund**

**Personal Information:**

1. School related activities
2. Honors received
3. Hobbies, talents and special interests
4. What is your primary career goal?
5. What is the highest degree level you envision and in what discipline?

**WHILE NOT REQUIRED, YOU MAY ATTACH A COPY OF YOUR RESUME OR ANY OTHER MATERIAL YOU WISH THE BOARD TO CONSIDER.**

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**SCHOLARSHIP APPLICATON**

**Mabel Amos Memorial Fund**

**FINANCIAL AID INFORMATION**

Can anyone claim you as a DEPENDENT? \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_ NO

If YES, please indicate the approximate gross annual income of your Parent(s) or Legal Guardian(s).

\_\_\_\_\_ $10,000 or Less \_\_\_\_\_ $30,000 - $40,000

\_\_\_\_\_$10,000 - $20,000 \_\_\_\_\_ $40,000 - $50,000

\_\_\_\_\_$20,000 - $30,000 \_\_\_\_\_ $50,000 or more

Total Dependents (siblings) including yourself \_\_\_\_\_

Total Dependents (siblings), including yourself, attending college \_\_\_\_\_

**If you ARE A DEPENDENT**, please provide the following information.

**Father or Legal Guardian’s Name/Address:**

Occupation:

**Education** (Circle One - highest year completed)

High School 1 2 3 4

College 1 2 3 4

Graduate 1 2 3 4

**Mother or Legal Guardian’s Name/Address:**

Occupation:

**Education** (Circle One – highest year completed)

High School 1 2 3 4

College 1 2 3 4

Graduate 1 2 3 4

If you **CANNOT be claimed as a dependent**, please **indicate YOUR gross annual income**

Your Gross Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Updated January 2021 Page 3 of 5

**SCHOLARSHIP APPLICATON**

**Mabel Amos Memorial Fund**

Do you anticipate receiving any financial assistance from the following:(Check all that apply)

\_\_\_\_\_ Pell Grant

\_\_\_\_\_ College Work Study

\_\_\_\_\_ National Direct Student Loan (NDSL)

\_\_\_\_\_ Guaranteed Student Loan

\_\_\_\_\_ State Student Incentive Grant

\_\_\_\_\_ other (Please specify)

Do you anticipate receiving any other scholarships? If so, what do you expect the total amount of those scholarships to be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Annual Costs: Tuition and fees $

Books and supplies

Transportation

Other (please list)

Total $

Updated January 2021 Page 4 of 5

**SCHOLARSHIP APPLICATON**

**ESSAY**

In approximately 250 words, please state your career goals and how you think the college you have

chosen to attend will help you achieve those goals.

Submit your application, along with the requested documentation, by March 1, 2021 to the

following:

**Mabel Amos Memorial Fund**

**C/O Regions Bank**

**P. O. Box 2450**

**Montgomery, AL 36102-2450**

If you have any questions, please call the trust representative at (334) 230-6117.

**DON’T FORGET TO INCLUDE THE DOCUMENTATION REQUESTED:**

**(Transcript, ACT or SAT documentation and completed application)**

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