

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:

- A. The Trust shall be known as The Mabel Amos Memorial Fund.
- B. 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.
- C. The recipients of these payments will be chosen by a Board consisting of at least three members.
- D. In making their choice as to persons to be benefited, the Board members shall be guided by the following criteria:
 1. The character of the individual.
 2. The intelligence of the individual, which shall be above average.
 3. The scholastic record of the individual.
 4. 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.: _____

SCHOLARSHIP APPLICATION

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: \$ _____

SCHOLARSHIP APPLICATION

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Do you anticipate receiving any financial assistance from the following:
(Please check all that may 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	\$ _____

SCHOLARSHIP APPLICATION

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 13, 2020 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) 230-6132.

**DON'T FORGET TO INCLUDE THE DOCUMENTATION REQUESTED:
(Transcript, ACT or SAT documentation and completed application)**