



The American Association of Blacks in Energy® - ATLANTA CHAPTER

2019 Scholarship Application & Guidelines for Continuing Education Students

The purpose of the AABE Atlanta Chapter Continuing Education Scholarship is to assist previous AABE Atlanta Chapter scholarship recipients majoring in **energy-industry** related fields with the cost of pursuing a Bachelor's degree at an accredited college or university.

Eligibility

- Applicants must have been an AABE Atlanta Chapter scholarship recipient for the immediate prior school year
- Applicants must major in business, engineering, technology, mathematics or physical science fields
- Applicants must be a full-time student at an accredited college or university
- Applicants must have a B (*or better*) average or a grade point average (GPA) of 3.0 or higher on a 4.0 scale for the current school year.*
- Applicants should be currently involved in community/civic service activities
- Applicants may apply to receive a continuing education scholarship for three consecutive years (*after high school graduation*), if all other criteria are met.

NOTE: Vocational/Technical Scholarship Recipients may apply for a one time continuing education scholarship. Please contact the scholarship committee at G2AABEATCHAP2@southernco.com if interested.

Selection

Scholarship recipients are determined by the AABE Atlanta Chapter Scholarship Committee.

Awards

Scholarships will be awarded in varying amounts up to \$500 each based on availability of funds and will be presented at an awards ceremony to be held in May, 2019. **Details will be sent at a later date.**

The Application Package

Consideration will **ONLY** be given to candidates submitting complete application packages, which include:

- (1) a completed AABE application form (copies are acceptable)
- (2) official copy/transcript of most recent semester grades must accompany application.

***NOTE: A copy of student's final fall semester grades (official transcript) must be provided to AABE Atlanta Scholarship Committee by March 15, 2019.**

Completed application packages must be scanned and emailed to:

G2AABEATCHAP@southernco.com or mailed and **POSTMARKED by March 15, 2019** to the following address:

AABE - Atlanta Chapter
ATTN: Scholarship Committee
P. O. Box 55216
Atlanta, GA 30308-5216

NOTE: Scholarship applicants will be notified **by email** that the application was **received** no later than **March 29, 2019** and the **final status** of their application by **April 19, 2019**. Please contact the scholarship committee immediately if you do not receive notification by the dates indicated.



PLEASE PRINT CLEARLY

2019 CONTINUING EDUCATION SCHOLARSHIP APPLICATION

Name _____ Phone (____) _____
Last First M.I.

Address _____
Street City State Zip

Email Address _____

Date of Birth _____ Sex: M _____ F _____

High School _____ Year Graduated: _____

Best way to contact you _____

COLLEGE/UNIVERSITY INFORMATION:

School Attending _____

What is your current major? _____

Has your major changed since you received your initial/subsequent scholarship award? YES _____ NO _____

Classification: Rising Sophomore _____ Rising Junior _____ Rising Senior _____

OTHER: (PLEASE ATTACH ADDITIONAL PAGES AS NEEDED)

How has the AABE scholarship helped/assisted you in your academic endeavors? _____

Personal Career Goal Statement: _____

Extracurricular Activities in Which You Are Currently Active:

1. School Activities _____

2. Community Activities _____

3. Offices Held and Honors Received _____

4. Employment (Company/Position) _____

5. Are you currently participating in an internship, summer, or co-op program?

If **YES**, please provide additional information about the program and how many months/years you have been involved. _____

If **NO**, please indicate if you have an interest in participating in an co-op or internship/summer program

Yes_____ No_____

Are you willing to participate in an overview/informational meeting regarding co-op and internship opportunities:

Yes_____ No_____

Are you interested in contacting other scholarship recipients that attend or may attend your college/university?

Yes_____ No_____

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date