



MEMO TO: Senior Counselor

FROM: Rosa Drayton, Scholarship Committee Chair
Stephanie Dewberry, Scholarship Committee Co-Chair
Ramon Reeves, President

RE: Scholarship Application

Please announce the following information to your seniors. The Atlanta Association of Educators (AAE) announces scholarship awards to be paid to the college the recipient will attend.

High school seniors with a grade point average of 3.0 or above who plan to pursue a career in education may use the enclosed application to apply. The completed application with all pertinent information, (copy of school records and letters of recommendation, test results etc.), must be received in the AAE office by Monday, April 18, 2016. The letter of recommendation should attest to the applicant's need for the scholarship assistance.

Thank you for your assistance in this effort and we look forward to hearing from your applicant(s).

Enclosure (1)



ATLANTA ASSOCIATION OF EDUCATORS
PO BOX 10978
Atlanta, GA 30310
PHONE: (404) 758-9444 Fax: (404) 758-0743

SCHOLARSHIP APPLICATION FORM

(FOR HIGH SCHOOL SENIORS WHO WILL PURSUE CAREERS IN EDUCATION)

1. Name _____
2. Birth Date _____ Social Security Number _____
3. Address _____
City _____ State _____ Zip Code _____
4. Telephone _____
5. Name of Parent(s) or Guardian(s)

6. Address of Parent(s) or Guardian(s)

City _____ State _____ Zip Code _____
7. Number of Brothers and /or Sisters _____
8. High School You Attended

9. Address of High School That You Attended

10. Have you taken the SAT _____ ACT _____ Date Taken

Score _____ (Attach a Copy)
11. High School GPA _____

12. Please give the name of a school official (Principal, Counselor or Teacher) who may assist us in evaluating your need for financial assistance

13. List of colleges and universities to which you have been accepted.

14. Have you applied for Financial Aid at each of the colleges? Yes () No ()

15. List Financial Aid applied for at each college.

16. Have you applied for any Loans? Yes () No ()

List _____

17. How did you find out about this Scholarship Award?

18. In 250 words or less, describe why you should receive this award. Including your career goals Please type on a separate sheet and attach to application.

19. List all extracurricular activities, special talents, interests and/or club affiliation, (including office held).

20. List job experience, including dates.

21. List special honors and/or awards received (listing dates, if possible)

22. List community service project (listing dates).

23. List the names and addresses of two persons you will ask to send a letter of recommendation. One of these persons must be a counselor, administrator and /or classroom teacher

1. _____
2. _____

PLEASE ENCLOSE A RECENT PHOTOGRAPH

PHOTO HERE

Your Signature _____ Date _____

Mail completed application to:

**SCHOLARSHIP COMMITTEE
ATLANTA ASSOCIATION OF EDUCATORS
P.O. BOX 10978 ATLANTA, GEORGIA 30310-0978**

DEADLINE FOR RECEIPT OF ALL APPLICATION INFORMATION: April 18, 2016