

**Montgomery Professionals** 

# Scholarship Application 2023

The goals of the National Society of Black Engineers (NSBE) are: to stimulate and develop student interest in the various engineering disciplines and other technical fields; to strive to increase the number of minority students studying engineering at both the undergraduate and graduate levels; encourage members to seek advanced degrees in engineering or related fields and to obtain professional engineering registrations; encourage and advise minority youth in their pursuit of an engineering career; to promote public awareness of engineering and the opportunities for Blacks and other minorities in that profession; and to function as a representative body on issues and developments that affect the careers of Black Engineers.

## APPLICANT INSTRUCTIONS AND REQUIREMENTS:

To ensure that your application is complete, provide the applicable information below:

- Completed application \*.
- Current official transcript of your grades from high school or all colleges you have attended. Must include GPA.
- High School applicants must attend a high school in the Tri-County area (Autauga, Elmore, and Montgomery).
- Two (2) letters of recommendation from teachers, employers, guidance counselors, academic advisors, and/or pastors.
- Copy of SAT and/or ACT test scores (High School Students Only).
- Personal Statement (500 words or less).

### \*NOTE: All applications and personal statements MUST BE TYPED.

Mail your completed application and all attachments to:

Attn: Earnest Colvin NSBE-MP Scholarship Program P. O. Box 210176 Montgomery, Alabama 36121

If you have questions, contact us at scholarship.nsbemp@gmail.com.

### **AWARDS**

The Montgomery Professionals Chapter of the National Society of Black Engineers (NSBE-MP) will award two \$500 scholarship(s) to one deserving minority high school senior and/or one deserving college student with the intent of pursuing a technical degree from an accredited four-year college or university.

The scholarship recipient(s) and one guest will receive an invitation to attend an award luncheon. At the luncheon, we will present the awardee(s) with the NSBE-MP Scholarship(s). NSBE-MP will contact awardee(s) for their availability and with further details about the event.

### **EVALUATION CRITERIA\***

Applicants will be evaluated based on the following criteria:

- Completed application postmarked by February 18, 2023.
- Academic achievement (GPA, ACT/SAT scores).
- Personal essay describing career goals, extracurricular activities, relevant job experiences, community involvement, etc.
- Membership in professional/academic organization(s).

\*NOTE: If selected as a finalist, you may be required to interview with the NSBE-MP scholarship committee.

# NSBE-MP 2023 SCHOLARSHIP APPLICATION COMPLETED APPLICATION MUST BE POSTMARKED BY FEBRUARY 18 2023

**TO:** NSBE-MP SCHOLARSHIP PROGRAM

Scholarship Program Administrators P.O. Box 210176 Montgomery, Alabama 36121 www.nsbe-mp.org

APPLICANT INFOR	MATION:				
Mr. or Ms.					
			First Name	Middle Initial	
PERMANENT ADDR	ESS:				
	~				
	Street Address	SS			Apt. #
	City	Sta	ate		Zip
Primary Telephone Primary Email Address					
FAMILY INFORMAT	TION				
	Plac	e of Birth: (City, State, an	d Country)		
			_		
Date of Barent/Guardian Name	irth			County	of Residence
Parent/Guardian Name	Last		_		First
	Last		_		First
ACADEMIC STATUS	S AND HIGH SCH	IOOL INFORMATI	ON		
	Name o	of High School or College	Attending		
		Street Address			
	City	Sta	ate		Zip
( ) -					
Primary Telephone	<del></del>	High School Counse	elor's Name or	NSBE Chapter A	ffiliation/Advisor
Major or	Intended Major				

### **PERSONAL STATEMENT**

In 500 words or less please explain your career goals, current and past relevant extracurricular activities, awards and/or honors you have received, relevant job experiences, professional affiliations, and reasons why you should be the award recipient of the NSBE-MP scholarship.

# RECOMMENDATIONS

NAME:

Please submit two (2) letters of recommendation from teachers, employers, guidance counselors, academic advisors, and/or pastors.

NAME:

Complete the following information for each of your recommendations:

ORGANIZATION:	ORGANIZATION:			
TELPHONE NUMBER:	TELPHONE NUMBER:			
CERTIFICATION AND AUTH	ORIZATION			
	orm is true and complete to the best of my knowledge. I applying for full-time enrollment to an institution of mic year.			
I hereby authorize the NSBE - MP to uti my likeness for publicity and public rela	lize and verify information regarding my application and ations purposes.			
Signature of Applicant	Date			
AUTHORIZATION FOR RELEASE To comply with the provisions of the Fam hereby given to school officials to release for consideration in the NSBE-MP Scholar	ily Educational Rights and Privacy Act of 1974, permission is the secondary school records and other requested information			
Signature of Applicant	Date			
*Parent or Guardian's Signature	Date			
*Required if applicant is under 18 years of	age.			
(Please attach your personal statemen	nt on a separate sheet.)			