



*Alabama Association  
Of  
Plumbing, Gas & Mechanical  
Inspectors*

*Gerald Smith/Ed Lawrence  
Scholarship Award Application*

*Submitted By:*

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*Application Deadline: February 28, 2023*

*Scholarship Committee Chairman*

*P.O. Box 12333  
Huntsville, Al 35815*

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*Action of Scholarship Committee*

*APPLICATION*

*\_\_\_\_\_ Approved \_\_\_\_\_ Denied*

*This Scholarship Award for the 2023 Educational Conference*

*Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_*

*Notice to Applicant: Please read thoroughly the "Instructions to Applicant" and the "Criteria of Qualifications" section of this application*

*Application Form*

**Gerald Smith/Ed Lawrence**  
*Scholarship Award*

*Date:* \_\_\_\_\_

*Name:* \_\_\_\_\_  
*(First) (Middle) (Last)*

*Home Address:* \_\_\_\_\_  
*(Number) (Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

*E-mail address* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

*Applicants Present Occupation:* \_\_\_\_\_

*Name of Employer:* \_\_\_\_\_

*Address of Employer:* \_\_\_\_\_

*Are you related to a member of the Alabama Association of  
Plumbing, Gas, and Mechanical Inspectors? Yes \_\_\_ No \_\_\_*

*What relation?* \_\_\_\_\_

*Members Name:* \_\_\_\_\_

*Members Employer Name:* \_\_\_\_\_

*Members Title:* \_\_\_\_\_

*Have you or an immediate family member ever received a  
scholarship award from this organization? Yes \_\_\_ No \_\_\_*

*If Yes, Who:* \_\_\_\_\_

*Date Received:* \_\_\_\_\_

Does your annual household income exceed \$200,000.00?

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby make application for a grant to enable me to  
begin/continue my education at:

\_\_\_\_\_  
(College/University)

Location: \_\_\_\_\_

(City) (State)

For the: \_\_\_\_\_ term beginning \_\_\_\_\_, 20\_\_\_\_  
(Quarter/Semester) (Month) (Year)

And ending \_\_\_\_\_, 20\_\_\_\_.  
(Month) (Year)

My class standing will be: \_\_\_\_\_

(Sophomore, Junior, Senior)

My intended vocation is \_\_\_\_\_

My major course of study is \_\_\_\_\_

### **STUDENT INFORMATION**

Name of High school, vocational school, community college, or  
university, attended or currently attending:

School: \_\_\_\_\_

Location: \_\_\_\_\_

(City) (State) (Zip)

Dates Attended: From \_\_\_\_\_ To : \_\_\_\_\_

Honors Received: \_\_\_\_\_

Professional/Honor Societies: \_\_\_\_\_

Clubs/Fraternities: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_  
(City) (State) (Zip)

Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_

Honors Received: \_\_\_\_\_

Professional/Honor Societies: \_\_\_\_\_

Clubs/Fraternities: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Overall GPA: \_\_\_\_\_

School: \_\_\_\_\_

Location: \_\_\_\_\_  
(City) (State) (Zip)

Dates Attended: \_\_\_\_\_

Honors Received: \_\_\_\_\_

Professional/Honor Societies: \_\_\_\_\_

Clubs/Fraternities: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

**PLEASE PROVIDE EVIDENCE OF ACCEPTANCE BY,  
OR ATTENDANCE AT, AN ACCREDITED VOCATIONAL  
SCHOOL, COMMUNITY COLLEGE, JUNIOR COLLEGE, OR  
UNIVERSITY.**

**PLEASE PROVIDE A COPY OF HIGH SCHOOL/COLLEGE  
TRANSCRIPTS AND ACT/SAT TEST SCORES.**

*I solemnly affirm to the correctness of the information supplied in the Application, and that I have thoroughly read and understand the “Instructions to Applicant” and the “Criteria of Qualification” as transmitted herewith. If a grant is provided, I agree and promise to use the grant for no other purpose than as set forth in the “Criteria of Qualification”.*

*APPLICANTS SIGNATURE: \_\_\_\_\_*

**“Criteria of Qualifications” of Student Application**

- 1. The applicant must have maintained a “B” average for the preceding year.*
- 2. The applicant must be currently accepted by an accredited college, junior college, community college, or vocational school.*
- 3. The application shall show qualification for financial assistance. Household income must not exceed \$200,000.00 annually.*
- 4. The applicant should possess qualities of good character and integrity.*
- 5. A record of evidence of satisfactory scholastic or school grades, ability, ambition, and desire for continuance of education shall be submitted.*
- 6. The fund granted may be utilized by a student for continuation to succeeding years upon satisfactory academic progress, subject to review by the Committee.*
- 7. A student will not be eligible two successive years for a scholarship award from AAPGMI.*
- 8. Applications are good only for the year specified on sheet 1. Applicants must re-apply every year on a current application to be considered.*
- 9. The **Smith/Lawrence** Scholarship Award is intended for someone entering their sophomore, junior, or senior year of college. If there are no eligible applicants, the monies designated for this award may be awarded to an Applicant of the Childers/Glaze Scholarship Award.*

### **Instructions to Applicant**

1. *This application has been prepared as a means of obtaining necessary information regarding the applicant.*
2. *The applicant is required to provide all information requested.*
3. *No considerations will be given to carelessly prepared or incomplete applications.*
4. *Every question and statement must be answered and submitted. Do not answer any question with a check mark. If the answer is “no” or “not applicable”, it should be so stated. If spaces are inadequate for some answers, use a separate sheet.*
5. *Answers must be legible.*
6. *Mail applications directly to the Chairman at the address on the first sheet of the application or by clicking on the submit button at the end of this document.*
7. *Please include:*
  - a. *An up-to-date copy of high school/college transcripts of academic record.*
  - b. *Evidence of acceptance by an accredited junior college, community college, or university.*
8. *All applications and required accompanying documents must be included with application and received no later than February 28, 2023 to be considered.*
9. *The Alabama Association of Plumbing, Gas, and Mechanical Inspectors is not responsible for lost, misdirected, or otherwise missing applications.*

Once you complete this form, save, then attach it to your email and email it to  
aapgmi2018@gmail.com

Please attach any additional files to the email.