

VOLUNTEER



2025 Snapping Shoals EMC

# J.E. Robinson Memorial Scholarship

## APPLICATION

### Criteria

I. For you to be eligible to receive a Snapping Shoals EMC All-Around Student Scholarship, at least one of the following requirements (either a or b) must apply:

- (a) You must be a senior at one of the following public high schools, which serve most of the Snapping Shoals EMC service territory: Newton, Alcovy, Eastside, Rockdale County, Heritage, Salem, Henry County, Stockbridge, Union Grove, Ola, Woodland, Lithonia or Martin Luther King Jr. (MLK) High School OR
- (b) You must be a high school senior whose home (i.e., your permanent residence) is served by Snapping Shoals. (Where you attend high school does not matter if you are a SSEMC member.)

II. In addition, you must graduate from high school at the end of the current school year and begin college or vocational-technical school within one year after graduation.

III. At least 14 scholarships will be awarded. The scholarships will be divided among Snapping Shoals EMC's four districts based on the number of Snapping Shoals EMC members per district. (Most of our service area and, therefore, the majority of our members are in Newton, Rockdale and Henry counties.) Based on our membership numbers, the scholarship distribution will be as follows:

- District 1 (Newton, Walton, Morgan and Jasper counties) - 4 scholarships
- District 2 (Rockdale County) - 4 scholarships
- District 3 (DeKalb County) - 2 scholarships
- District 4 (Henry and Butts County) - 4 scholarships

IV. Each scholarship will be worth \$2,500 and will be non-renewable.

V. The scholarships must be used at an accredited two-year or four-year college, university or vocational-technical school.

VI. A scholarship committee composed of educators, coaches and other scholastic or community leaders will judge the scholarship applications. Involvement in extracurricular activities will be the primary considerations.

VII. Financial need, academic ability, letters of recommendation and an autobiographical essay also will contribute to an applicant's overall score. Finalists will be selected based on this judging process.

VIII. Scholarship recipients will be chosen from among the finalists, based on all aspects of the selection process.



### Submission

Please send to:

Scholarships  
Snapping Shoals EMC  
P.O. Box 509  
Covington, GA 30015

### Deadline

Applications must be received by  
February 21, 2025

WE DO NOT INDIVIDUALLY NOTIFY ALL APPLICANTS OF THE OUTCOME OF OUR SCHOLARSHIPS. ONLY WINNERS WILL BE NOTIFIED BY MAIL.



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## APPLICATION

### Instructions

**Complete scholarship application form and attach ALL of the following:**

Application must be submitted on SSEMC’s scholarship application form

- I. A copy of your **high school transcript** showing your **current grade point average**.
- II. Proof of your **SAT and ACT results**. These must match the scores that you provide in Part B of this application. Please include your scores from both tests. If you have not taken both, scores from one will be sufficient.
- III. **Three letters of recommendation** — From teachers, coaches or other community leaders relevant to the activities in which you are involved. Please make sure that recommendations from teachers include the class he or she taught.
- IV. A brief **autobiographical essay** that includes your education and career goals and explains why YOU should be chosen to receive this scholarship. Be sure to tell which college or technical school you plan to attend after high school graduation and the degree you will seek. Recommended length: 1 to 2 pages typed (or very neatly handwritten).
- V. If available, a **letter of acceptance** to the college or technical school that you plan to attend.

**Please note that all attachments must be submitted with the application and cannot be submitted separately. Applications submitted without ALL attachments will be disqualified.**

### Submission

Send your completed and signed application with ALL attachments to:

Scholarships  
Snapping Shoals EMC  
P.O. Box 509  
Covington, GA 30015

You may also drop off your application at either of our office locations between 8 a.m. and 5 p.m.

14750 Brown Bridge Rd.  
Covington, GA 30016  
  
190 Fairview Rd.  
Ellenwood, GA 30049

### Deadline

Applications must be in our office by 5 p.m. on Friday, February 21, 2025.  
**NO EXCEPTIONS**

**WE DO NOT INDIVIDUALLY NOTIFY ALL APPLICANTS OF THE OUTCOME OF OUR SCHOLARSHIPS. ONLY WINNERS WILL BE NOTIFIED BY MAIL.**



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## APPLICATION

### Personal Information

Full Name \_\_\_\_\_ High School \_\_\_\_\_

Street Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### Academic Ability (Remember to attach a copy of your current high school transcript)

I. Cumulative Grade Point Average (from transcript) \_\_\_\_\_

### II. SAT & ACT Scores

(Attach PDF Score Verification for either test. Proof of at least one test's scores are required.)

Highest SAT Scores: Verbal (Reading) \_\_\_\_\_ Math \_\_\_\_\_ Total \_\_\_\_\_

DO NOT include Writing score in Total, only include Reading and Math

Highest Composite Score from ACT: \_\_\_\_\_

III. High School Scholastic Awards and Honors: \_\_\_\_\_

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## A P P L I C A T I O N

**Other Activities** (List the following for high school years only and indicate which year for each)

I. Membership in school organizations and include any offices you held:

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II. Other high school activities (sports, etc.):

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III. Community service activities (not-school related):

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IV. Work experience: Are you currently employed? \_\_\_\_\_

If yes, what type of work? \_\_\_\_\_

How many hours a week? \_\_\_\_\_ How long have you had this job? \_\_\_\_\_

Describe other work experiences, if any: \_\_\_\_\_

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**Affirmation** All information provided on this application and accompanying attachments are complete and accurate to the best of my knowledge.

Applicant Signature \_\_\_\_\_



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## APPLICATION

### Parent Information

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

### Financial Need *This information will be kept strictly confidential*

I. Parents' Annual Income \_\_\_\_\_

Use the ADJUSTED GROSS INCOME figure from their most recent tax return(s):  
(Finalists may be required to provide a copy of tax return as proof of income amount shown here.)

II. Total of all OTHER income for household not included in #1 \_\_\_\_\_

III. TOTAL ANNUAL INCOME for household (add #1 and #2) \_\_\_\_\_

IV. Total # of dependents in household (include yourself and parents) \_\_\_\_\_

IV. Total # of dependents in household (include yourself and parents) \_\_\_\_\_

a. Dependents' Ages: \_\_\_\_\_

b. Number currently attending college or technical school: \_\_\_\_\_

V. Factors or circumstances which affect your financial need:

\_\_\_\_\_

**Affirmation** All information provided on this application and accompanying attachments are complete and accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_