



The AAAE Foundation Scholarship Program

Sponsored by the American Association of Airport Executives



1. Please print or type all information. Please do not forget your social security number.
2. If space provided is inadequate, please attach additional papers to the application.
3. School, community, and work experience relate only to the last 4 years.
4. All data you submit in support of this application becomes the property of Scholarship Managers (SM).

APPLICANT DATA: Ms. Mr. Mrs. Social Security Number _____ - _____ - _____

Home Tel # (____) ____ - _____

Last Name _____ First Name _____ MI _____

Email _____

Please use the spaces below to provide us with your HOME ADDRESS

Street Address _____

City _____ State _____ Zip Code _____

HIGH SCHOOL DATA: Please tell us the high school you attended

School Name _____ Graduation Date (mo/yr) _____

Street Address _____

City _____ State _____ Zip Code _____

COLLEGE DATA:

Cumulative GPA [_____] (on a 4.0 basis) **This must be converted from numerical or letter grades**

Name _____

City _____ State _____ Zip Code _____

Major _____ Graduation Date (mo/yr) _____ Degree AA BA BS

SPECIAL NOTES:

- All applicants must submit :
 - A recent transcript or copy of their grades (the transcript may be unofficial).
 - A recommendation from a school official, teacher, or guidance counselor.
- The transcript and recommendation may be in separate and sealed envelopes but **it is strongly suggested** that they be submitted along with this application.
- Recipients will be required to submit 3 wallet-size photos to SM. **Please do not submit pictures with this application.**

School & Community Activities: Please list all school and community activities for the past 4 years (only).

| Activity | Years | Honors/Awards | Activity | Years | Honors/Awards |
|----------|-------|---------------|----------|-------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

Work Experience: Please list all work experience, part- and full-time (for the last 4 years only).

| Position | from mo/yr | to mo/yr | hrs per wk | Position | from mo/yr | to mo/yr | hrs per wk |
|----------|------------|----------|------------|----------|------------|----------|------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Personal Statement: On a separate sheet of 8X10 paper please state your educational goals and how they relate to your career goals. This statement must be typed, printed, or computer-generated.

Projected Annual Parent Aid (PAPA): This financial data section must be completed in its entirety to fulfill the requirements of scholarship application. Data must be from the IRS form which contains income data for the current fiscal year (forms to be filed/submitted by April 15). **Please note that the income figures are for the parents, NOT the applicant.**

Adjusted gross income \$ _____

Untaxed income, AFDC, ADC, other \$ _____

Federal income tax **paid** (not withheld) \$ _____

Unreimbursed medical expenses \$ _____

Income earned by mother \$ _____ (It is beneficial to enter the mother and the

Income earned by father \$ _____ father's income separately)

Cash, Savings, CD's, stocks, bonds, etc. \$ _____

Amount of known grants, scholarships, or other financial aid \$ _____

Number of family members attending college at least 1/2 time during the coming school year _____

Number of exemptions claimed on IRS forms (1040, 1040A, 1040EZ) _____

Do not enter any information that relates to 401K, IRA, Roth IRA, Social Security, SEP, or any other type of retirement income.

AFFIDAVIT: The signatures below affirm that all the information provided in this application, and supporting documents, is true and complete to the best of my knowledge. If requested, I will provide proof. Failure to provide this proof shall invalidate this application and result in termination of any aid granted.

Signature of applicant

Date

Your request for aid becomes valid ONLY when this application & all supporting documents are submitted to:

The AAAE Foundation Scholarship Program
Scholarship Managers
PO Box 2810
Cherry Hill, NJ 08034

POSTMARKED NO LATER THAN MARCH 31, 2010

The form and format of this application is protected by copyright. It is the sole possession of Scholarship Managers (SM), a division of Career Opportunities Through Education, Inc. (Coté). Please direct queries to the address above, or: CALL (856) 573-9400 FAX (856) 573-9799 email scholarshipmanagers@scholarshipmanagers.com