

THE AAAE FOUNDATION SCHOLARSHIP PROGRAM
for A.A.E.s Sponsored by the American Association of Airport Executives





The AAAE Foundation Scholarship Program for A.A.E.'s

Sponsored by the American Association of Airport Executives



The Program and its Purpose

Through the program, the AAAE Foundation will award non-renewable scholarships to students who are enrolled, or planning to enroll, in accredited colleges, universities, community colleges, vocational or technical schools, or hospital schools of nursing located in the United States. All schools must be accredited by a regional or national accrediting agency recognized by the U.S. Department of Education.

Who Is Eligible

Students are eligible to apply if they, their spouse, or one of their parents is an active A.A.E. These individuals must be full-time employees of a public use airport at the time of application. The term “children” under the program means dependent natural or legally-adopted children, stepchildren and legal wards supported wholly by the guardian who is an active A.A.E.. A.A.E.'s (and their spouses or children) who terminate their relationship with AAAE, or leave the employment of public airports, will no longer be eligible for scholarship assistance. Multiple applications are accepted from the same family. A separate application is required for each student.

Important Note

Contributions to the AAAE Foundation to support this program are welcome from corporations, individuals and chapters under the rules and conditions established by the board of directors. Contributing companies, individuals and chapters will be identified in AAAE publications. The AAAE Foundation corporate contribution policy does not permit corporate or individual funds to be directed to any individual or region. The contribution policy is strictly enforced to maintain the highest ethical standards for contributors and recipients.

Management of the Program

All phases of the scholarship program are independently managed by Scholarship Managers (SM), a national, non-profit scholarship service organization with extensive experience in the management of scholarship programs. SM has the sole responsibility for evaluating the applications, selecting the award winners and determining the award amounts.

Selection Criteria

The following selection criteria are used: Academic records, participation in school and community activities, work experience, and a personal statement. Financial need is considered only in determining the size of the award. All financial information and academic records submitted in the application process are kept in strictest confidence by SM. AAAE Foundation personnel do not have access to the applications or transcripts submitted.

The Academic Awards

The awards range from \$900 to \$4,000. The award amounts will be determined by SM and will be based on the application evaluations, the schools attended, and the families' ability to contribute toward the educational expenses at the schools selected by the students. Subsequent changes in schools could result in a reduced award amounts.

If the Financial Data section of the application (The PAPA Form) is not completed, the applicant will be considered only for the minimum award amount. Since there is no particular income level at which applicants are denied consideration, SM strongly suggests that the PAPA Form be completed. The size of the awards may also be impacted by the amount of money available from the Foundation in any given year.

In no instance will the award amount exceed the tuition and related fees for an individual student. Award balances greater than \$500 remaining in a students account after the tuition is paid must be returned to the AAAE Foundation. Award balances of \$500 or less may remain in the student's account and used for educational expenses excluding room and board.

Announcement and Distribution of Awards

All applicants will be notified of their status on or about May 15. Recipients must notify SM of acceptance of the awards within three weeks of notification or the awards may be forfeited. Awards will be made in two equal installments per academic year by the AAAE Foundation and mailed directly to the recipients' home addresses in July and December. Award checks are payable jointly to the recipients and schools and must be used to pay for tuition, books, lab fees or other approved school-related expenses. The scholarships may not be used to pay for room and board. Scholarships may be held for a reasonable period in the case of an approved leave of absence, serious illness or injury that interrupts studies. SM must be notified immediately should any of these or other unusual circumstances arise.

The Application Procedure

All materials, the signed application and a transcript must be mailed in one envelope to:

**The AAAE Foundation Scholarship Program for A.A.E.'s
Scholarship Managers
P.O. Box 2810
Cherry Hill, NJ 08034**

Postmarked no later than March 31, 2013

Notes

- The AAAE Foundation reserves the right to change or discontinue this non-renewable program without notice.
- Questions regarding the program may be directed to SM at the address shown above OR by phone at (856) 616-9311 OR by email at scholarshipmanagers@scholarshipmanagers.com



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Projected Annual Parent Aid PAPA™ ©®

If this form is not completed, the applicant will be considered only for the minimum award amount. Since there is no particular income level at which applicants are denied consideration, SM strongly suggests that the PAPA Form be completed.

A.A.E.'s Last Name _____ First Name _____ MI _____

A.A.E. Member #

Region

Data must be from the IRS form which contains income data for the current fiscal year (Forms filed or to be submitted by April 15). AAAE Foundation personnel shall do not access to any of this data.

Adjusted gross income \$ _____

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

Unreimbursed medical expenses \$ _____

Income earned by mother \$ _____

Income earned by father \$ _____

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

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

Number of family members attending college at least ½ time during
the coming school year _____

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

Please 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 PAPA Form, is true and complete to the best of our knowledge. If requested, we will provide proof. Failure to provide this proof shall invalidate this application and may result in termination of any aid granted.

Signature of applicant

Date

Signature of A.A.E.

Date



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1. Please print or type all information.
2. School, community and work experience relate only to the last 4 years.
3. Obtain a transcript (official or unofficial) or a copy of your grades.
4. Transcripts may be in a sealed and separate envelope but they must be sent with the application.
5. All data submitted in support of this application becomes the property of Scholarship Managers (SM).

APPLICANT DATA: Mr. ☐ Ms. ☐ Mrs. ☐ Miss. ☐

APPLICANTS MUST PROVIDE A HOME ADDRESS NOT A CAMPUS OR SCHOOL ADDRESS

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State ____ Zip Code _____ Home Tel # (____) ____ - _____

Email _____

A.A.E. DATA: Mr. ☐ Ms. ☐ Mrs. ☐ Miss. ☐

A.A.E.'s Last Name _____ First Name _____ MI _____

Airport Street Address _____

Airport City _____ State ____ Zip Code _____ Tel # (____) ____ - _____

Active ☐ A.A.E. Member # ☐☐☐☐☐☐☐ Region ☐☐

Disability Retirement ☐ Month (mm) ____ Year (yyyy) ____ Deceased ☐ Month (mm) ____ Year (yyyy) ____
Email _____

HIGH SCHOOL DATA: All applicants should fill in this section, even college students.

College Board 6 digit code ☐☐☐☐☐☐ This may be left blank if it cannot be obtained at the guidance office.

High School Name _____ Street Address _____

City/State _____ Zip Code _____ Grad Date Month (mm) ____ Year (yyyy) ____

Non-Weighted Cumulative GPA ☐.☐ (on a 4.0 basis) Numerical or letter grades must be converted to a 4.0 basis

COLLEGE DATA: I attend ☐, or have applied, ☐ to the following school(s)

Name _____ City/State _____

Name _____ City/State _____

Proposed Major _____ Proposed Graduation Date Month (mm) ____ Year (yyyy) ____

Cumulative GPA ☐.☐ (on a 4.0 basis) Numerical or letter grades must be converted to a 4.0 basis

HIGH SCHOOL AND COMMUNITY ACTIVITIES: during the last 4 years only. (IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE – RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED)

Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk

COLLEGE AND COMMUNITY ACTIVITIES: during the last 4 years only. (IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE – RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED)

Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk Activity/Awards/Offices Held from mo/yr to mo/yr hrs per wk

WORK EXPERIENCE, FULL- OR PART-TIME: during the last 4 years only. (IF MORE SPACE IS NEEDED PLEASE DUPLICATE THIS PAGE – RESUMES OR ANY OTHER FORMAT WILL NOT BE ACCEPTED)

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

TRANSCRIPT: All applicants must also submit a transcript or copy of their grades (unofficial transcripts are acceptable). The transcript may be in a sealed and separate envelope but it **MUST BE SUBMITTED WITH THIS APPLICATION.**

ESSAY: Please write an essay that addresses the following question: **“What are my educational goals and how do they relate to my career goals”**. The essay must be 500 words or less, typewritten or computer-generated, double spaced, no longer than 2 pages and stapled to this application. Please place your name in the upper right hand corner of each page of the essay.

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

Signature of applicant

Date

Signature of A.A.E.

Date

This application, your essay, and a transcript or copy of your grades must be returned to:



**The AAAE Foundation Scholarship Program for A.A.E.’s
Scholarship Managers
PO Box 2810
Cherry Hill, NJ 08034**



POSTMARKED NO LATER THAN MARCH 31, 2013

The form and format of this application is protected by copyright. It is the sole possession of Scholarship Managers, a division of Career Opportunities Through Education, Inc. Please direct questions to the address shown above or call SM at: (856) 616-9311 or E-mail: scholarshipmanagers@scholarshipmanagers.com