Association of Flight Attendants Scholarship Fund Application

Association of Flight Attendants Scholarship Committee
P. O. Box 56, Hartwood, Virginia 22471-0056
Submission Deadline: April 10

Please Type or Print in Ink

Personal Data

Date of Application: ____________________________________________________________________________
Name: _______________________________________________________________________________________
Address: _____________________________________________________________________________________
____________________________________________________________________________________________
Phone Number: _______________________________________________________________________________

Education and Training

<table>
<thead>
<tr>
<th>School Name and Address</th>
<th>High School</th>
<th>College/University</th>
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<th>Years Completed (circle)</th>
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<th>10</th>
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<th>12</th>
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Diploma Received

Date Diploma Received

A. School(s) where you have been accepted (name and address)

B. Type of Training Desired

C. Amount of Tuition

Extra-Curricular, Civic, and Community Activities (include academic or professional awards):
# Work Experience

Starting with the most recent, describe all volunteer and paid work experience. If more space is required, attach an additional sheet utilizing the same format.

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<thead>
<tr>
<th>A</th>
<th>Name of Employer</th>
<th>From:</th>
<th>To:</th>
<th>Address:</th>
<th>Type of Work:</th>
<th>Salary:</th>
<th>Volunteer:</th>
<th>Job Title:</th>
<th>Average Hours per Week:</th>
<th>Name &amp; Title of Supervisor:</th>
<th>Phone Number:</th>
<th>Briefly describe your position and duties:</th>
<th>If applicable, reason you left:</th>
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If applicable, reason you left: ________________________________
Parental Information

Applicant’s Mother:
Name: _______________________________________________________________________________________
Address: _____________________________________________________________________________________
Occupation: ____________________________ Name of Employer: _____________________________________
AFA Membership Number: (if applicable) __________________________________________________________
Number of Dependents: ________________________________________________________________________
Ages of Dependents: ___________________________________________________________________________
Prior Year’s Taxable Income: ____________________________________________________________________

Applicant’s Father:
Name: _______________________________________________________________________________________
Address: _____________________________________________________________________________________
Occupation: ____________________________ Name of Employer: _____________________________________
AFA Membership Number: (if applicable) __________________________________________________________
Number of Dependents: ________________________________________________________________________
Ages of Dependents: ___________________________________________________________________________
Prior Year’s Taxable Income: ____________________________________________________________________

Goals and Objectives

A. Describe your educational goals: ____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

B. Please provide information supporting your financial need for this scholarship: _______________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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C. Write a 300 word essay that will help convince the committee that you are deserving of this scholarship. Attach the essay to this application.
References
Attach three references from people who know you and your abilities, but are not related to you. Only one of the three references may be a teacher, school administrator, or guidance counselor.

Transcript Information
Include a copy of your most recent transcript with this application.

Applicants Please Read and Sign the Statement Below

By signing below, I confirm that I have not withheld any information requested, and that the statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts on this scholarship application is sufficient cause for my application not to be considered. I am aware that all recipients of this scholarship are responsible for meeting the applicable tax requirements. (All material submitted will not be returned. Please send copies.)

Signature of Applicant ______________________________ Date ______________________________

(Note: Unsigned applications may be rejected without further notice)

Applicant Checklist

1. Completed Scholarship Application
2. 300 word essay
3. Three references
4. Transcript, if applicable

All applications must be complete in order to be considered.