

# 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: \_\_\_\_\_  
*(Street)*

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

Phone Number: \_\_\_\_\_

## Education and Training

	High School	College/University
School Name and Address	_____ _____ _____	_____ _____ _____
Years Completed ( <i>circle</i> )	9 10 11 12	1 2 3 4
Diploma Received		
Date Diploma Received		
A. School(s) where you have been accepted ( <i>name and address</i> )		
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.

A. Name of Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Salary: \_\_\_\_\_ Volunteer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
If applicable, reason you left: \_\_\_\_\_

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B. Name of Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Salary: \_\_\_\_\_ Volunteer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
If applicable, reason you left: \_\_\_\_\_

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C. Name of Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Salary: \_\_\_\_\_ Volunteer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
If applicable, reason you left: \_\_\_\_\_

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D. Name of Employer \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of Work: \_\_\_\_\_ Salary: \_\_\_\_\_ Volunteer: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Average Hours per Week: \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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## Goals and Objectives

A. Describe your educational goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Please provide information supporting your financial need for this scholarship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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## Transcript Information

Include a copy of you most recent transcript with this application.

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## 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.**