

Association of Flight Attendants Scholarship Fund Application



Association of Flight Attendants Scholarship Committee
P.O. Box 212, Warrenton, Virginia 20188
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: _____

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: _____

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: _____

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: _____

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: _____

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 you 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.