



# 2018 A&P STUDENT SCHOLARSHIP APPLICATION

Application Deadline: **April 1, 2018 (5 pm)**

Awards Presentation **June 12, 2018** at the SoCal PAMA Chapter Meeting

APPLICANT NAME (PRINT) \_\_\_\_\_

SCHOOL / COLLEGE \_\_\_\_\_

## Instructions

### BOX 1

I understand that to be considered for a SoCal PAMA Scholarship, all instructions must be complied with and all requested information must be provided at the same time my application is submitted the first time. Any errors and / or omissions will result in disqualification without notice.

**I AGREE TO THESE TERMS: (SIGN)** \_\_\_\_\_

<b>2</b>	<b>Type or print legibly:</b> Illegible applications will be disqualified. If additional space is needed, attach standard letter size (8 ½ x 11) sheets to this application. Legibility, spelling, grammar and punctuation ARE EVALUATED.
<b>3</b>	<b>Email:</b> All applications must be submitted by email. <b>YOUR NAME MUST APPEAR IN THE SUBJECT LINE OF THE EMAIL.</b> Applicants are solely responsible for timely correspondence with the SoCal PAMA Scholarship Committee. SoCal PAMA is not responsible for invalid or undeliverable email addresses or failure of any third party to communicate on behalf of the applicant.
<b>4</b>	<b>S. CA Residency, Qualifications:</b> SoCal PAMA Scholarships are available to S.CA residents who are actively enrolled in any approved A&P maintenance training organization. Flight training of any kind not applicable. Applicants must attach a copy of valid CA <u>photo</u> driver's license or passport with <u>photo</u> showing <u>current Southern California address</u> with this application. <b>DRIVER'S LICENSE AND/OR PASSPORT NUMBERS MUST BE REDACTED (BLACKED OUT).</b>
<b>5</b>	<b>Current transcript:</b> Applicants must provide a copy of their <b>current transcript dated 2018 showing grade point average</b> . If a first semester student and transcript is not available yet, you may provide an attendance roster, official proof of enrollment and interim grade point status (must show 2018 date). School must be an approved A&P college or aviation maintenance training organization. Only students currently enrolled and in good standing are eligible.
<b>6</b>	<b>Deadline, Where to Apply:</b> applications must be received by SoCal PAMA on or before <b>5 pm April 1, 2018</b> . No applications will be accepted after this time/date. Email ALL pages of completed application and attachments to <b>SoCalPAMA@gmail.com</b> .
<b>7</b>	<b>Notification, Acknowledgement, Awards Presentation:</b> Winners will be notified by email by <b>June 1, 2018</b> . Winners must <b>reply</b> to the notification email by <b>June 8, 2018</b> to be eligible to receive their award. Failure to reply by this date will result in disqualification without notice. Winners are encouraged to attend the SoCal PAMA Scholarship awards presentation. If unable to attend, winners must advise the Scholarship Committee by <b>email no later than June 8, 2018</b> . Awards presentation: <b>June 12, 2018, 6 PM, 94<sup>th</sup> Aero Squadron Restaurant, 16320 Raymer Street, Van Nuys, CA 91406 www.94thvannuys.com</b>
<b>8</b>	<b>Awards, Criteria, Final Decision:</b> Winners will receive a <b>\$750</b> check at the <b>June 12, 2018</b> SoCal PAMA meeting providing all terms and instructions contained herein have been complied with. Applicants are evaluated on accuracy in following instructions, GPA, merit, industry participation including maintenance / avionics training (military included), full or part-time aviation jobs, volunteering at aviation events, attending PAMA meetings, Journeyman OJT, spelling, grammar and legibility. The SoCal Chapter Board of Directors reserves the right to revoke any award at any time if applicants do not meet the requirements, have not complied with the terms and instructions contained herein or in any way breached the confidence of the SoCal Board of Directors. All decisions by the SoCal PAMA Board of Directors are final.



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## APPLICANT INFORMATION

<b>APPLICANT NAME</b>	
Address Line 1	
Address Line 2	
City, State, Zip	
Email Address	
Cell Phone	

## A&P SCHOOL / COLLEGE / TRAINING INSTITUTION INFORMATION

**ATTACH 2018 TRANSCRIPT SHOWING DATE, CLASSES AND GPA**

<b>SCHOOL / COLLEGE</b>	
Address Line 1	
Address Line 2	
City, State, Zip	
<b>Applicant's GPA</b>	
Date Enrolled (Mo / Yr)	
Date To Graduate (Mo / Yr)	
<b>INSTRUCTOR / ADVISOR</b>	
Name (PRINT) <i>(signature required on page 5)</i>	
Title	
Instructor Email Address	
Daytime Phone	
Best Time To Be Contracted By Scholarship Committee if needed	



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## AVIATION INDUSTRY EXPERIENCE

### Jobs

Please describe any current or previous jobs whether in aviation or otherwise, the company name, term of employment, if full time, part time, intern or journeyman.

Position	Company	Start Date (Mo/Yr)	End Date (Mo/Yr)
Part Time, Full Time, Intern, Journeyman:			

Position	Company	Start Year (Mo/Yr)	End Date (Mo/Yr)
Part Time, Full Time, Intern, Journeyman:			

Position	Company	Start Year (Mo/Yr)	End Date (Mo/Yr)
Part Time, Full Time, Intern, Journeyman:			

### Volunteer

Please describe if you have ever volunteered at an aviation related show, organization or event.

### Military

Please describe if you are / were in the military and if any aviation experience:



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## INSPIRATIONS AND ASPIRATIONS

Please describe how you became interested in aviation.

Please describe your career goals both short and long terms.

Please describe your favorite aviation class or area of interest.



## **2018 A&P STUDENT SCHOLARSHIP APPLICATION**

### **ADDITIONAL INFORMATION**

Please list any additional information other than financial need that you feel will assist the Southern California PAMA Scholarship Committee in the evaluation of your application.

Have you ever attended a SoCal PAMA Chapter meeting?

**Who Was Charles E. Taylor?**



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## REFERENCES

Please **PRINT** the names of three references that are currently involved in the aviation maintenance industry (instructors, employers, mentors). Include **valid email addresses** (required).

Name	Relationship to You	Email Address
1.		
2.		
3.		

I certify that the information provided on this application is complete and accurate. I also certify that by signing Box 1 on Page 1 that it is solely my responsibility for compliance with the instructions and the contents herein. Falsification of information, incomplete applications or unverifiable information will result in disqualification without notice. Upon submission, this application becomes the property of Southern California Chapter of PAMA.

\_\_\_\_\_  
**Signature** of Applicant Date

\_\_\_\_\_  
**Signature** of Instructor / Academic Advisor (from page 2) Date

\_\_\_\_\_  
**PRINT** Name of Instructor / Academic Advisor (from page 2) Date

### **Note to Instructor / Academic Advisor:**

*A SoCal PAMA Scholarship Committee member may be contacting you to verify information provided herein by the applicant.*

**E-Mail Application & Attachments To: SoCalPAMA@gmail.com**

**DO NOT WRITE IN THE SPACE BELOW, FOR SCHOLARSHIP COMMITTEE COMMENTS ONLY**

Date Received	_____	Date Sent to Committee	_____

Approved		Denied	
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