



2018 CONTINUING EDUCATION SCHOLARSHIP APPLICATION

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

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

APPLICANT NAME _____

A&P NUMBER _____ Date Issued _____

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) _____

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| 2 | Type or print legibly: 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. |
| 3 | Email: All applications must be submitted by email. YOUR NAME MUST APPEAR IN THE SUBJECT LINE OF THE EMAIL. 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. |
| 4 | S. CA Residency, Qualifications: SoCal PAMA Scholarships are available to S.CA residents who are actively enrolled in any approved aviation maintenance training organization. Flight training of any kind and annual IA renewal training not applicable. Applicants must attach a copy of valid CA <u>photo driver's license</u> or <u>passport with photo showing current Southern California address</u> with this application. DRIVER'S LICENSE AND/OR PASSPORT NUMBERS MUST BE REDACTED (BLACKED OUT). |
| 5 | Proof of Enrollment /Completion: Applicants must provide either a copy of proof of enrollment OR proof of course / class completion including if pass or fail. Training organization must be an approved aviation college, school or industry organization (ex: OEM, FAA approved training). Only candidates currently enrolled or have successfully completed training as listed on page 2 between July 1, 2017 and June 30, 2018 are eligible. |
| 6 | Deadline, Where to Apply: applications must be received by SoCal PAMA on or before April 1, 2018, 5 pm . No applications will be accepted after this date. Email ALL pages of completed application and attachments to SoCalPAMA@gmail.com . |
| 7 | Notification, Acknowledgement, Awards Presentation: Winners will be notified by email by June 1, 2018 . Winners must reply to the notification email by June 8, 2018 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 email no later than June 8, 2018 . Awards presentation: June 12, 2018, 6 PM , 94 th Aero Squadron Restaurant, 16320 Raymer Street, Van Nuys, CA 91406 www.94thvannuys.com. |
| 8 | Awards, Criteria, Final Decision: Winners will receive a \$750 check at the June 12, 2018 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 in the military, full or part-time aviation jobs, volunteering at aviation events, attending PAMA meetings, Journeyman OJT, spelling, grammar and legibility. FINANCIAL NEED is NOT a criteria for being selected – do not include financial need information in your application. 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. |



2018 CONTINUING EDUCATION SCHOLARSHIP APPLICATION APPLICANT INFORMATION

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|-----------------------|--|
| APPLICANT NAME | |
| Address Line 1 | |
| Address Line 2 | |
| City, State, Zip | |
| Email Address | |
| Cell Phone | |

TRAINING ORGANIZATION INFORMATION

ATTACH PROOF OF ENROLLMENT OR CERTIFICATE OF COMPLETION

| | | |
|--|------------------------------|-----------------------------|
| TRAINING ORGANIZATION | | |
| Address Line 1 | | |
| Address Line 2 | | |
| City, State, Zip | | |
| Title of Class or Training | | |
| Mandatory or Elective | | |
| Applicant's GPA or PASS/FAIL | | |
| Date Enrolled (Mo / Yr) | | |
| Date Completed (Mo / Yr) Or Date Expected to Complete | | |
| Instructor / Training Coordinator (Print Name & Title) | | |
| Instructor Email Address | | |
| Daytime Phone | | |
| Best Time To Be Contracted By Scholarship Committee if needed | | |
| Type of Training | Training | Check All That Apply |
| <i>Other Type of Training: please describe here:</i> | IA Certification Prep | |
| | OEM/Recurrent | |
| | Avionics / Instruments | |
| | Powerplant | |
| | NDT | |
| | Hazmat | |
| | Wheels / Brakes / Components | |
| | Maintenance Management | |



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EMPLOYER INFORMATION (if applicable)

| | |
|---------------------------------|--|
| COMPANY NAME | |
| Address Line 1 | |
| Address Line 2 | |
| City, State, Zip | |
| Supervisor Name (if applicable) | |
| Supervisor Email | |
| Supervisor Daytime Tel | |
| Employed Here Since (Mo / Yr) | |

COST OF TRAINING CLASS / WORKSHOP & ESTIMATED EXPENSES:

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PURPOSE OF TRAINING & RELATED CAREER GOALS

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REFERENCES

Please **PRINT** the names of two 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. | | |



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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 / Training Coordinator (from page 2) Date

PRINT Name of Instructor / Training Coordinator (from page 2) Date

Note to Instructor / Training Coordinator:

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 | |
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| Approved | | Denied | |
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