

2010 SoCal PAMA A&P STUDENT SCHOLARSHIP APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES. If additional space is needed, attach standard letter size (8 1/2 x 11) sheets to this application. Applicants must: **1)** be a resident of Southern California, **2)** provide proof of current enrollment in an A&P college or approved training organization **3)** complete this application in its entirety including valid telephone and/or e-mail contact information **4)** if selected, must acknowledge selection in writing at the time winners are announced **4)** attend the awards meeting to receive the award OR provide written explanation by **June 1, 2010** as to why you cannot attend. Scholarships for pilot / flight training not eligible. The application deadline is **May 1, 2010** and awards will be presented during the **June 8, 2010** SoCal Chapter PAMA meeting. Winners will receive a minimum of \$500.00 via SoCal PAMA check. No pre-enrollment applications accepted. The SoCal Chapter Board of Directors reserves the right to revoke any award if applicants do not meet the requirements contained herein, and all decisions by the SoCal PAMA Board of Directors are final.

APPLICANT INFORMATION

DATE _____ PAMA MEMBER # (IF APPLICABLE) _____

APPLICANTS NAME _____ DAY PHONE ____ - ____ - ____

MAILING ADDRESS _____

Number and Street		
	-	
City	State	ZIP

E-MAIL ADDRESS _____

SCHOOL / INSTITUTION INFORMATION

SCHOOL / INSTITUTION _____

MAILING ADDRESS _____

Number and Street		
	-	
City	State	ZIP

CONTACT NAME _____ DAY PHONE ____ - ____ - ____

CONTACT TITLE _____

CONTACT E-MAIL _____

ATTENDANCE _____

DATE ENROLLED _____

ANTICIPATED GRADUATION DATE _____

ARE YOU CURRENTLY ENROLLED? Yes _____ No* _____

**If no, please explain on the back of this form.*

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AVIATION EXPERIENCE

Please describe any previous aviation experience (military or civilian) you have.

REFERENCES

Please list the names of at least three references that are currently involved in the aviation maintenance industry (Instructors and/or employers). Also include phone numbers.

GOALS AND ASPIRATIONS

Please describe below your future plans as they relate to your educational and career objectives and future goals.

FINANCIAL AID INFORMATION

Please state your reason and/or needs for receiving this funding.

ADDITIONAL DETAILS

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

I certify that the information provided on this application is complete and accurate to the best of my knowledge. Falsification of information may result in disqualification of the scholarship application submitted. Upon submission, this application becomes the property of Southern California Professional Aviation Maintenance Association.

Signature of Applicant

Date

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Signature of School / Institution Contact _____

Date _____

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

Date Received _____ Date Sent to Committee _____

Approved

Denied

Mail / Fax / E-Mail This Application To

Dan Ramos, SoCal PAMA
284 Granada Avenue
Long Beach, CA 90808
Fax 562-570-8729
danwramos@verizon.net