

2010 SoCal PAMA A&P / IA CONTINUING EDUCATION 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) be a current certificated A&P or IA 3) provide proof of enrollment or recent completion (Jan – Jun 2010) from an approved training organization 4) complete this application in its entirety including valid telephone and/or e-mail contact information 5) if selected, must acknowledge selection, in writing, at the time winners are announced 6) attend the awards meeting to receive the award OR provide written explanation prior to **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) _____

APPLICANT'S NAME _____ DAY PHONE ____ - ____ - ____

MAILING ADDRESS _____

Number and Street

_____ -

City State ZIP

E-MAIL ADDRESS _____

A&P / IA CERT NO. _____ - _____

EMPLOYER INFORMATION (if applicable)

EMPLOYER NAME _____

MAILING ADDRESS _____

Number and Street

| | | | |
|------|-------|-----|---|
| | | | - |
| City | State | ZIP | |

YOUR TITLE _____

SUPERVISOR NAME _____ PHONE ____ - ____ - ____

SUPERVISOR TITLE _____ FAX ____ - ____ - ____

SUPERVISOR E-MAIL _____

YRS/MOS EMPLOYED _____

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AVIATION TRAINING FOR WHICH YOU ARE APPLYING FOR SCHOLARSHIP

IA Certificate Avionics Instruments Powerplant Field Service
 OEM/Factory NDT Haz Mat Management Other (*see below*)

TRAINING ORGANIZATION _____

TITLE CLASS/WORKSHOP _____

CONTACT NAME _____ PHONE _____

ADDRESS _____

CONTACT E-MAIL ADDRESS _____

Number/Street _____ State _____ Zip _____

COST OF TRAINING CLASS/WORKSHOP: \$ _____

OTHER: pls. explain: _____

HAS / WILL YOUR EMPLOYER REIMBURSE YOU FOR THIS TRAINING Yes No
IF YES, PLEASE STATE AMOUNT \$ _____

AVIATION RELATED ACHIEVEMENTS, AWARDS, CERTIFICATES, ACCOMODATIONS

Please include dates:

REFERENCES

Please list the names of at least (2) people that are currently involved in the aviation maintenance industry (colleagues, employers, etc). Also include phone numbers and E-Mail addresses.

GOALS, ASPIRATIONS & ADDITIONAL INFORMATION

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Please describe your future plans as they relate to the training you are seeking scholarship for as well as why you feel you deserve this scholarship. List any additional information that you feel will assist the Southern California PAMA Scholarship Committee in the evaluation of your application. Attach extra sheets if necessary.

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 _____

DO NOT WRITE IN THE SPACE BELOW. FOR SCHOLARSHIP COMMITTEE USE 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 90803
Fax 562-570-8729
danwramos@verizon.net**