

ALLIED PILOTS ASSOCIATION
SCHOLARSHIP FUND
APPLICATION

APA Scholarship Fund
Application for Scholarship

| College | Applied (yes or no) | Accepted | Rejected | Pending |
|---------|------------------------|----------|----------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List all institutions which have approached you regarding admission or scholarships

a. _____ b. _____ c. _____

(Specify Assistance Offered) Use additional sheets, if necessary

9. What College Do You Wish To Attend? _____

What Major? _____

Your Planned Occupation, if known? _____

10. List all scholarships for which you have applied (or will apply) including both college and "outside" scholarships.

a. COLLEGE SCHOLARSHIPS

Institutions _____

Have you received a definite answer? (Yes or No). If "YES" indicate what the decision is and give details as to term and amount of any award.

_____ National Merit _____ General Motors National _____ Others

_____ State Regents Scholarship _____ ROTC

11. List all grants you anticipate receiving:

12. List your major extra-curricular activities to date in order of importance to you.

a. In School _____

b. Outside School _____

c. If applicable, explain lack of participation in extra-curricular activities (i.e. Physical disability) _____

13. Give names, addresses and occupations of two responsible persons not related to you. List ONE TEACHER and ONE PERSON who knows you outside of school. *It is your responsibility* to have the two people named below send a letter of recommendation to The APA Scholarship Fund Committee (Application will not be considered if these letters are not received).

Name

Address

Occupation

14. Give details concerning any summer jobs you have held:

Year

Kind of Job

Employer

Total Amt. Earned

15. Have you ever earned any money during the school year?

Academic Year

Kind of Job

No. of Hours

Total Amt. Earned

Per Week

16. When Do You Plan to Start College? (month/year) _____

Residence Plans: Dormitory _____ Home _____ Other _____

17. Budget Information

Instructions: Please give complete figures in column 3 for the institution you hope to attend. Columns 4 and 5 are provided so that you may list budgets for more than one institution if you wish. Name the Institution in each column. Be sure the institutions listed in columns 4 and 5 include only those listed in question 6. Unless you specify to the contrary in "Dates Covered, the Fund Committee will assume the budgets presented are for the regular academic year, September to June. Two columns are provided under resources. Fill in the appropriate one if your plans regarding residency are definite. Fill in both if your plans are indefinite. (Chief difference would be in help from your family).

Dates Covered _____

| Resources | Column 1 - if living in college | Column 2 - if living at Home | Expenses | Col. 3 | Col. 4 | Col. 5 |
|----------------------|---------------------------------|------------------------------|------------------------------|--------|--------|--------|
| Parents | | | Tuition & Regular Fees | | | |
| Friends or Relatives | | | Room | | | |
| Summer Earnings | | | Board | | | |
| Other Savings | | | Books & Educational Supplies | | | |
| Other Sources | | | Transportation | | | |
| ““” | | | Personal | | | |
| ““” | | | Miscellaneous | | | |
| Total | | | Total | | | |

18. In connection with Items 11 and 12, please explain why you have or have not worked at a part-time or a summer job.

19. State briefly your general purposes in seeking to further your education. What specifically do you hope to gain from this training? Please feel free to mention anything you feel is pertinent to your short-range and long-range goals and plans and to your request for financial assistance.

I hereby make application for a scholarship from the Allied Pilots Association Scholarship Fund in the name of _____ (parent & former APA member).

Date _____ Signature of Applicant _____

MAIL TO: 14600 Trinity Boulevard, Suite 500
Fort Worth, TX 76155-2512

Note: Questions in regard to completing this application should be directed to the above address.

PARENT OR GUARDIAN

FINANCIAL STATEMENT

1. Employment Data: (Mother) _____

a. Name _____ Age _____

b. Home Address _____

c. Phone _____ Email address _____

- d. Name & Address of employer or firm _____
- e. Nature of business _____
- f. Position held _____ Yrs. with firm _____

Employment Data: (Father, Stepfather, or Guardian) _____

- g. Name _____ Age _____
- h. Home Address _____
- i. Phone _____ Email address _____
- j. Name & Address of employer or firm _____
- k. Nature of business _____
- l. Position held _____ Yrs. with firm _____

2. Please list here all children, student applicant first. *(Please give specific dollar amounts where requested).*

| <u>Name</u> | <u>Name of present school, college, or occupation</u> | <u>Age</u> | <u>Check if Dependent for income tax purposes</u> |
|-----------------------|---|------------|---|
| <u>Applicant</u> | _____ | _____ | _____ |
| <u>Other children</u> | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

Complete these columns only for children presently attending school or college

| A. Total cost of one year at private school or college | B. Amount of scholarship job or loan and received for previous year | Difference: (a less b) | Grade Level | Check Box | | |
|--|---|------------------------|-------------|---------------|----------------|---------|
| | | | | Public School | Private School | College |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

3. Please list here other dependents receiving financial support from family. *(Do not include those listed in 1 and 2 above).*

| Name | Age | Relationship | Check if living with family | Check if dependent for income tax purposes | Estimated amount of total annual support from family |
|------|-----|--------------|-----------------------------|--|--|
| | | | | | |
| | | | | | |

4. Please give Make and Year of any family Automobiles: _____

Present Auto Indebtedness: _____

If one of these cars is in the name of the student applicant, indicate which: _____

5. Please explain in this space any special family circumstances the Scholarship Fund Committee should know about: For example, dependencies, illness, etc.

ANNUAL INCOME AND EXPENSES

6. Salaries and Wages before Taxes:

Mother _____ Father, Stepfather or Guardian _____

7. Other Income Mother _____ Other Income Father _____

8. Gross Income (6 & 7) _____

9. Business Expenses _____

10. Net Income before Taxes (8 minus 9) _____

11. Annual Home Expenses _____

12. Federal Income Tax: _____

Most Recent Year _____

(Please furnish parent's last year 1040 listing child as dependent, or child's 1040 if independent)

Previous Year _____

If None, Write None _____

ASSETS AND LIABILITIES

13. Home (if owned):

Year Purchased _____ Present Market Value _____

Present Indebtedness _____

14. Other Real Estate _____

15. Liquid assets available: such as cash in bank, savings and loan association (bonds, stocks) - include life insurance proceeds:

APA Life Insurance _____ AA Life Insurance _____

Other Life Insurance _____ Savings _____

Military Life Insurance _____ Pilot Variable Plan _____

Fixed Plan Basic Accumulation or Annual Annuity _____

Total _____

16. How much of such assets can family make available toward payment of school expenses?

Total _____

STUDENT'S OWN ASSETS

17. Nature of assets _____

Previous Year _____

Value _____

18. Provision for Retirement - Please check if you participate in:

Social Security _____ Company Plan _____

Another Plan _____ Neither _____

If another, please describe briefly below: _____

19. Resources for student during coming school year:

| Source | If living at college | If commuting to college |
|----------------------|----------------------|-------------------------|
| Parent's Income | \$ | \$ |
| Parent's Assets | | |
| Student's Assets | | |
| Summer Earnings | | |
| Friends or Relatives | | |
| Other Sources | | |
| | \$ | \$ |

Remarks: _____

I/we hereby swear that the above is a true and correct statement of the Income and Assets of the above-named family for the year ending _____ (Date).

Signed _____

Relationship _____