

ALLIED PILOTS ASSOCIATION

EMERGENCY RELIEF AND
SCHOLARSHIP FUND

SCHOLARSHIP
APPLICATION
PACKAGE

Scholarship Application Checklist

To ensure quick processing of your scholarship application, please include all items listed below:

- Scholarship Application. Must be completed in its entirety.
- Terms & Acknowledgement Form
- At least two (2) references/recommendation letters
- Parent/Guardian Financial Statement (recent tax documents)
- Student financial statement (if applicable)
- Student's Own Assets
- Most recent official transcripts (if previously attended college)
- "Secondary School Report" (if recent high school graduate)
- A copy of the acceptance letter received from university/college/aviation school
- Supporting documentation for tuition/books/room & board and other out of pocket expenses
- Copies of awarded letter(s) for other grants/scholarship

Student Name (Printed)

Date

Student Signature

8. List all institutions to which you have applied or intend to apply for admission, and indicate whether your application has been accepted, rejected, or is pending.

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 ER&S Fund Board of Governors (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 per Week Total Amt. Earned

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 Board of Governors 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 Emergency Relief and Scholarship Fund in the name of _____ (parent & former APA member).

Date _____ Signature of Applicant _____

MAIL TO: APA ER&S Fund
Attn: Antonio Rodriguez
14600 Trinity Boulevard, Suite 500
Fort Worth, TX 76155-2512

Note: Questions in regard to completing this application should be directed to APA Accounting Coordinator, Antonio Rodriguez at (817) 302-2231 or arodriguez@alliedpilots.org.

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 Board of Governors 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's 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 _____

SECONDARY SCHOOL REPORT

Legal name of student _____
Last First Middle

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain signed authorization before it can release student information for use in this scholarship program.

Permission is hereby given to school officials to release the secondary school record and other requested information for consideration in the above-named scholarship program.

Student's signature _____ Date _____

Parent or legal guardian's signature _____ Date _____

School _____
Name City State Telephone

Note for the principal:

The above-named student is an applicant for a scholarship. To process the application, we need the following: a carefully considered character and ability estimate by the teacher who knows the student well, a summary of teachers' judgments of the student, and a transcript of the student's secondary school record. This information will be used only in connection with the selection of scholarship recipients and will be seen only by qualified persons involved in the selection process.

This report form should be signed by the evaluator and endorsed by the principal at the bottom of page 2. Complete information should be given wherever possible, and answers limited to the spaces provided. Please type or write in blank ink.

A. Name of principal _____
Please print. Last First Middle

B. Are you confident that the student will receive a school diploma during the current academic year?
_____ Yes _____ No If no, explain _____

C. Who is evaluating the student on page 2?
Name _____
Relationship to student _____

D. What size is the community in which your school is located?
_____ Less than 500 _____ 500-1,500 _____ 1,500-5,000
_____ 25,000-100,000 _____ Over 100,000

E. What economic or social conditions characterize your community or the occupation of most of the parents of the children in your school? (For example, is your community a university town, a mill town, a farming area?)

F. Considering this student's interests, work habits, and life goals, what is your estimate of the chances that the student will be motivated to take advantage of the opportunities available in college? Please give reasons for your estimate.

G. Are there any unusual conditions which you think might favorably or unfavorably affect the student's adjustment and performance in college?

H. Has this student given any strong evidence of leadership ability? _____ Yes _____ No
Please cite specific examples.

I. Has the student shown exceptional talent or originality in any specific field such as art, music, science, literature, mathematics, or industrial art? _____ Yes _____ No Please cite examples.

J. What is the student's principal weakness?

K. What is the student's principal strength?

L. Sometimes special circumstances should be considered when evaluating a student's achievement record and test scores. If, in your opinion, this student may have been handicapped by any such circumstances, please specify.

Date

Evaluator's signature

Title

Date

Principal's signature

Title

M. Secondary School Profile

The Emergency Relief and Scholarship Fund Board of Governors needs some information about an applicant school as background for interpreting the applicant's record. **Note to principal or guidance counselor:** *If your school as a fact sheet or profile, please include it with the student's transcript. If not, please complete the section below:*

1. The school:

- Total Enrollment
- Size of 12th grade
- Association accredited or approved by
- Pattern of school year

2. The staff:

- Number of teaching faculty
- Number of college counselors

3. List special features of the curriculum, such as:

- AP and honors courses, college study
- Independent and off-campus study

4. Significant college-related instructional characteristics:

- Marking system
- Graduation requirements
- Other requirements
- Method of computing GPA and RIC
- Policy on reporting class rank

5. Distribution of scores of recent 12th grades on CEEB tests, showing:

- Percent of all 12th graders taking tests
- Median and range of middle 50% on each of the tests

N. Secondary School Record

NOTE: Please attach a copy of the student's secondary school transcript, including grades 9 through 12. **If the transcript is not provided, the student will be disqualified.** While the transcript on the form developed in 1964 by the National Association of Secondary School Principals is the form most commonly provided, your own transcript will be acceptable if it contains comparable details.

O. Please summarize in the spaces below comments made by teachers about the student:

1. PARTICIPATION IN DISCUSSION
(SELF-INITIATED)

_____ always involved, often initiates discussion
_____ usually participates
_____ often participates
_____ occasionally participates
_____ seldom participates
_____ not applicable

2. INVOLVEMENT IN CLASSROOM
ACTIVITIES

_____ very high in all activities
_____ active, usually shows genuine interest
_____ mild, politely attentive
_____ languid, attention often wanders
_____ distracted, does other things during class
_____ vacillates greatly

3. PURSUIT OF INDEPENDENT STUDY

_____ considerable study and major project(s)
_____ considerable study or major project(s)
_____ some study and minor project(s)
_____ some study or minor project(s)
_____ no evidence of independent study
_____ not applicable

4. EVENNESS OF PERFORMANCE

_____ exceptionally consistent
_____ even, varies no more than one mark
_____ slightly uneven, often varies one mark
_____ uneven, often varies two marks
_____ erratic, performance fluctuates greatly

5. CRITICAL AND QUESTIONING ATTITUDE

_____ often challenges
_____ sometimes challenges
_____ occasionally is skeptical
_____ sometimes probes
_____ rarely questions
_____ not applicable

6. DEPTH OF UNDERSTANDING

_____ excellent insight
_____ good understanding
_____ some insight
_____ little insight
_____ poor understanding
_____ not applicable

7. PERSONAL RESPONSIBILITY

_____ always accepts fully
_____ usually accepts fully
_____ partially accepts
_____ sometimes refuses
_____ often refuses

8. CONSIDERATION FOR OTHERS

_____ always considerate of others' rights and feelings
_____ usually considerate
_____ courteous, little evidence of consideration
_____ sometimes inconsiderate
_____ often inconsiderate
_____ inadequate opportunity to observe

Please return the completed form to:

Allied Pilots Association
Attn: Antonio Rodriguez
14600 Trinity Blvd, Suite 500
Fort Worth, TX 75041

TO WHOM IT MAY CONCERN:

_____ *has* applied for scholarship aid from the Allied Pilots Association Emergency Relief and Scholarship Fund.

Please enclose a brief statement regarding your acknowledgment with this person, and why he/she should qualify for the scholarship. A hand written reply is sufficient and, of course, this information will be treated private and confidential.

Signed: _____

Date: _____



APA EMERGENCY RELIEF AND SCHOLARSHIP FUND

SCHOLARSHIP TERMS AND ACKNOWLEDGEMENT STATEMENT

A. COLLEGE OR UNIVERSITY

The candidate must be enrolled in an institution accredited by a nationally recognized accrediting agency or approved by a state department of education or by a state university.

B. CURRICULUM REQUIREMENTS

The student must be enrolled in a program of studies either wholly or principally creditable toward a baccalaureate degree or comparable post secondary degree.

C. ACADEMIC STANDING

A recipient of an APA Emergency Relief and Scholarship Fund scholarship generally will be required to maintain a 3.0 (B) grade point average during each semester or trimester throughout his/her academic program.

D. COURSE LOAD

The student generally must be enrolled in sufficient courses to be considered a full-time or regular student as defined by the institution in which enrolled or must take sufficient supplementary or summer school courses to be able to complete at least one-fourth of the academic requirements for a bachelor's degree or comparable post-secondary degree during each calendar year.

E. DISCIPLINARY SUSPENSION OR CENSURE

A student receiving a scholarship and who, after a hearing by the appropriate body of the institution, receives a disciplinary suspension or censure for violation of the institution's codes of conduct shall forfeit any future funds payable by the APA Emergency Relief and Scholarship Fund.

F. REPORTING OBLIGATIONS

1. The institution, when possible, or the student shall furnish the APA Emergency Relief and Scholarship Fund with a copy of the student's grades upon completion of each semester or trimester of work. He/shell shall also report to the APA Emergency Relief and Scholarship Fund any academic credit earned by successful completion of an examination or any other means.



2. The student shall notify the APA Emergency Relief and Scholarship Fund in writing as soon as possible of any intention on the student's part to transfer from one institution to another, to change his/her major course of studies or to take any other action which might delay the awarding of the baccalaureate or comparable post-secondary degree.

3. The recipient of an APA scholarship must immediately notify the APA Emergency Relief and Scholarship Fund of any changes in his/her own family's financial status which might reduce or eliminate the element of need on which the scholarship was initially awarded.

Each recipient of a scholarship will be furnished with a copy of these policies and procedures at the time the scholarship is awarded.

* * * * *

I acknowledge receipt of the APA Scholarship – Terms and Acknowledgement Statement, agree to comply with its requirements, verify the accuracy of my application and related materials submitted to the Fund, and understand that failure to comply may result in forfeiture of the scholarship award.

Student Name (Print)

Student's signature

Date

(Please sign and return one copy of this form to APA ER&S Fund, Attn: Antonio Rodriguez, 14600 Trinity Blvd. #500, Fort Worth, TX 76155-2512. Receipt of this form is required before any disbursements of APA funds).