Southeastern Airport Managers’ Association/
The Southeast Chapter of the American Association of Airport Executives
SAMA-AAAЕ Scholarship Program

1. Please print or type all information.
2. If space provided is inadequate, please attach additional papers to the application.
3. School, community, and work experience relate only to the last 4 years.
4. All data you submit in support of this application becomes the property of Scholarship Managers (SM).

APPLICANT DATA:  Ms. □ Mr. □ Mrs. □

Last Name ______________________________________ First Name ______________________________________ MI ______
Street Address __________________________________________________ Email ______________________________
City ___________________________________________ State ____ Zip Code __________ Home Tel # (___) ____-__________

COLLEGE DATA:
Cumulative GPA [_________] (on a 4.0 basis)
Cumulative GPA [_________] (on a 4.0 basis) in major subject field of Aviation

All numerical or letter grades must be converted to a 4.0 basis

Year in College:      Freshman □  Sophomore □  Junior □  Senior □

Please list the college you are currently attending.

Name _________________________________________________________________
City ___________________________________________ State ____ Zip Code __________
Major ___________________________________________ Graduation Date (mo/yr) _____________ Degree BA □  BS □

SPECIAL NOTES:

- Applicants must:
  - Be classified as full-time students and juniors or above by number of credit hours passed.
  - Have demonstrated financial need as measured by the PAPA section on the back of this application.
  - Have a minimum cumulative GPA of 3.0 in the major subject field of aviation.
  - Have a strong career interest in aviation, preferably airport management.
  - Be United States Citizens.

- Applicants must submit:
  - A recent transcript of their grades.
  - A recommendation from an advisor, a school official, or a professor.
  - A résumé.

- The transcript and recommendation may be in separate and sealed envelopes but it is strongly suggested that they be submitted along with this application.
SCHOOL & COMMUNITY ACTIVITIES: Please list all school and community activities (for the last 4 years only).

Activity | Years | Honors/Awards | Activity | Years | Honors/Awards
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WORK EXPERIENCE: Please list all work experience, part- and full-time (for the last 4 years only).

Employer/Position | from mo/yr to mo/yr | hrs per wk | Employer/Position | from mo/yr to mo/yr | hrs per wk
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ESSAY: “Why I Chose Aviation As A Career”: Please type your essay on one side of an 8x10 sheet of paper.

PROJECTED ANNUAL PARENT AID (PAPA):
This financial data section must be completed. Failure to do so will invalidate the scholarship application. Data must be from the most current IRS form submitted.

Adjusted gross income | $ _________
Untaxed income, AFDC, ADC, other | $ _________
Federal income tax paid (not withheld) | $ _________
Unreimbursed medical expenses | $ _________
Income earned by mother | $ _________
Income earned by father | $ _________
Cash, Savings, CD’s, etc. | $ _________

THIS DATA RELATES TO PARENT INFORMATION - NOT THE STUDENT!
Do not enter any information that relates to 401K, IRA, Roth IRA, Social Security, SEP, or any other type of retirement income.
Enter the mother’s and the father’s income separately (if applicable), this is beneficial to the applicant.
Do not enter any information that relates to money that would not normally be available on quick notice e.g. stocks, bonds, etc.
Number of family members who will attend college full-time this year _____
Number of exemptions claimed on IRS forms (1040, 1040A, 1040EZ) _____

AFFIDAVIT: The signatures below affirm that all the information provided in this application, and supporting documents, is true and complete to the best of our knowledge. If requested, we will provide proof. Failure to provide this proof shall invalidate this application and result in termination of any aid granted.

Signature of applicant | Date

Your request for aid becomes valid ONLY when this application & all supporting documents are submitted to:

The SAMA-AAAЕ Scholarship Program
Scholarship Managers
PO Box 2810
Cherry Hill, NJ 08034

POSTMARKED NO LATER THAN OCTOBER 25