



**Southeastern Airport Managers' Association/
The Southeast Chapter of the American Association of Airport Executives
SAMA-AAAE Scholarship Program**

1. Please 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.
- An essay on "Why I Chose Aviation As A Career."

➤ The transcript and recommendation must be submitted along with this application to admin@secaaae.org.

SCHOOL & COMMUNITY ACTIVITIES: Please list all school and community activities (for the last 4 years only)*.

Activity	Years	Honors/Awards	Activity	Years	Honors/Awards

*Attach additional pages as needed.

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

*Attach additional pages as needed.

ESSAY: "Why I Chose Aviation As A Career": Please type your essay in a one page document.**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	\$ _____	<u>THIS DATA RELATES TO PARENT INFORMATION – NOT THE STUDENT!</u>
Untaxed income, AFDC, ADC, other	\$ _____	Do not enter any information that relates to 401K, IRA, Roth IRA, Social Security, SEP, or any other type of retirement income.
Federal income tax paid (not withheld)	\$ _____	Enter the mother's and the father's income separately (if applicable), this is beneficial to the applicant.
Unreimbursed medical expenses	\$ _____	
Income earned by mother	\$ _____	Do not enter any information that relates to money that would not normally be available on quick notice e.g. stocks, bonds, etc.
Income earned by father	\$ _____	Number of family members who will attend college full-time this year _____
Cash, Savings, CD's, etc.	\$ _____	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-AAAE Scholarship Program

at:

admin@secaaae.org**EMAILED NO LATER THAN DECEMBER 1, 2023**

The form and format of this application is protected by copyright and is the sole possession of Scholarship Managers
Please direct queries to the email address below, or: CALL (856) 616-9311 FAX (856) 616-9711
email: admin@secaaae.org