



## WVAMA MEMORIAL SCHOLARSHIP APPLICATION

You must either **type** or **print** all your answers neatly in ink.

1. Name \_\_\_\_\_  
Last First M.I.

Permanent Mailing Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip e-mail

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_  
Month Day Year

### High School Information

2. What year did/will you receive a high school diploma? \_\_\_\_\_

\_\_\_\_\_ High School Name or GED County State

3. High school students only (yes/no) \_\_\_\_\_

4. Composite Test Score ACT \_\_\_\_\_ or SAT \_\_\_\_\_

### Higher Education Information

5. Institution Credits Received \_\_\_\_\_  
(If Applicant attended a college/university/vocational -technical school, trade school, or two-year community college, but did not earn a bachelor's degree, list institution below and credits/degree

Institution Attended \_\_\_\_\_ Field of Study \_\_\_\_\_

Credits/Degree Earned \_\_\_\_\_

Year(s) Attended \_\_\_\_\_

### Higher Education Information (continued):

Institution Attended \_\_\_\_\_ Field of Study \_\_\_\_\_  
Credits/Degree Earned \_\_\_\_\_  
Year(s) Attended \_\_\_\_\_

Institution Attended \_\_\_\_\_ Field of Study \_\_\_\_\_  
Credits/Degree Earned \_\_\_\_\_  
Year(s) Attended \_\_\_\_\_

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### **Institutional Information**

6. List Current/Accepted for Enrollment Accredited Institution

Accredited Institution \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip E-mail

Contact: \_\_\_\_\_

Telephone Contact: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Start Date: \_\_\_\_\_ Projected Date of Graduation: \_\_\_\_\_

**CERTIFICATION ALL APPLICANTS:** I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.**

Applicant Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attachments Required:

1. The completed WVAMA Memorial Scholarship Program Application
2. Academic records (such as High School Diploma/GED, current institutional transcript, etc.)
3. A letter from the applicant, parent or advisor demonstrating the student's financial need, including personal or family circumstance that are applicable
4. A statement of career goals and objectives written by the applicant
5. Documentation of school and community activities, particularly those related to aviation
6. At least two personal (non - family) letters of references/recommendation for the Scholarship