

**NATIONAL BLACK COALITION OF FEDERAL AVIATION EMPLOYEES  
NEW YORK METRO CHAPTER**



## **Official Scholarship Application**

### **NBCFAE**

#### ***National Black Coalition of Federal Aviation Employees***

Dear NBCFAE Member,

Welcome to our 2010 NBCFAE Scholarship Year. Enclosed you will find our application. Please distribute to potential candidates. Applications must be submitted to the New York Metro Chapter ERT Chairperson by May 1, 2010.

In order to be considered, all applicants must meet certain basic qualifications, as spelled

out in this application package. Among these requirements, all applicants must have a least a 2.5 cumulative grade point average, be a high school graduate or a senior qualified

to graduate during the current school year, proof of acceptance or is currently enrolled in

a college or university. A letter of acceptance is required for all applicants entering their freshman year of college. A complete transcript is required for those applicants already enrolled in a college or university.

Please forward all application packages to me at: P.O. Box 301105  
Jamaica, NY 11430

In Unity,

Joyce A. Watkins

NY Metro Chapter ERT Chairperson

*"Let Each Become All They Are Capable of Being"*

**Please type or print legibly using blue or black ballpoint pen**

**Complete and return to:**

**The NY Metro Chapter Education, Recruitment, and Training Chairperson**

**Joyce A. Watkins**

**P.O. Box 301105**

**Jamaica, NY 11430**

**Before the application can be processed, the applicant shall provide to the Education, Recruitment, and Training Chairperson a complete application packet which includes:**

1. The completed application form
2. Copies (from each school) of all transcripts of highest education level attended, or last semester attended.
3. One letter of recommendation.
4. A letter of acceptance from a prospective college, university, vocational school or technical school, unless already enrolled at one of the above

**General information and instructions for applying for NBCFAE Annual Scholarship:**

1. All applicants must be high school graduates or expecting to graduate this spring.
2. All applicants must have a 2.5 grade point average or higher. (Complete transcripts must be attached for verification).
3. Complete application packets, in order to be considered MUST be submitted no later than May 1, 2010.
4. Transcripts at all postsecondary schools must accompany this application, as well as one letter or recommendation.
5. Please check one of the following indicating your major course of study (college level):

Airway Science  Aviationrelated

other: \_\_\_\_\_

6. Applicants who are related to NBCFAE members must indicate the Chapter affiliation, name, and relationship of NBCFAE member.

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*Type or print all information with blue or black ballpoint pen.*

**Part I – Personal Data**

Check Item Applicable Degree Currently Seeking

High School Graduate  Associates

College Undergraduate  Bachelors

Technical School  Other (specify) \_\_\_\_\_

Date degree expected to be conferred: \_\_\_\_\_

1. Name \_\_\_\_\_

Last First Middle and Maiden

2. Present Address \_\_\_\_\_

3. Telephone (include area code) \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

5. U.S. Citizen (yes or no) \_\_\_\_\_ Marital Status \_\_\_\_\_

6. Applicant’s Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

7. Parents or Guardian:

Father: \_\_\_\_\_

Last First Middle

Number Street \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

**Mother:** \_\_\_\_\_

Last First Middle and Maiden \_\_\_\_\_

Number Street \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

**8. Children Dependent Upon Parents for Support:**

**Age School Grade**

\_\_\_\_\_  
\_\_\_\_\_

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**9. Other Dependents (include spouse):**

Name \_\_\_\_\_ Age \_\_\_\_\_

**10. Annual Total Family Income from All Sources \$** \_\_\_\_\_

**Part II – Educational Background**

**Section A:**

**1. High School(s) attended:**

(Official transcripts for each MUST be attached)

Name Location Dates Attended Graduation Date

\_\_\_\_\_  
\_\_\_\_\_

Honors: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Attach continuation sheet if necessary)

**2. College/Universities Attended: (Official transcripts for each school with appropriate seal affixed MUST be submitted)**

Name Address Dates Attended

Name Address Dates Attended

Name Address Dates Attended

**3. Current/Expected College or University (Letter of Acceptance MUST be attached)**

Name Address Dates Attended

**Highest year of College completed (Check one):**

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_

**4. Financial Aid Granted/Received (list name and amount):**

\_\_\_\_\_  
\_\_\_\_\_

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5. List Honors and Awards:

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6. List organizational memberships, community organizations, and offices held:

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7. Special talents:

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8. Work experience: Give job title, employer name and address, and dates of employment. Start with most recent:

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### **Section B**

What is your major career goal?

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### **Part III – NBCFAE Background**

*Complete this section only if you are a member of NBCFAE or a dependant of a member. (A dependant is defined here as a member's spouse, son, daughter, or other child in or out of the member's household, if the member is providing more than 50% of applicant's support).*

1. Check one:

A. I am a member of the NBCFAE \_\_\_\_\_

B. I am a member's dependant \_\_\_\_\_

2. The name of my NBCFAE Chapter is \_\_\_\_\_

3. My occupation is \_\_\_\_\_

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4. I am the \_\_\_\_\_ (relation) of an NBCFAE member.

5. That member is affiliated with the \_\_\_\_\_ NBCFAE Chapter.

6. He/She is employed at \_\_\_\_\_

7. The name/address of the NBCFAE member who recommended me:

Name Address Dates Attended

Number Street City

State Zip Phone

### **Part IV – Recommendations**

**Please attach a written recommendation from one of the following, including the individual's title/job occupation:**

(A) High School or College Counselor/Advisor

(B) Minister, Civil Leader, or Professional Person who can vouch for your character

**Please read and sign the following statement:**

*I hereby declare that all of the above statements are true. I have also included with this application the necessary official transcripts and letters of acceptance and recommendation. I agree to accept the decision of the NBCFAE.*

**Part V – Publicity**

*If you are selected to receive the NBCFAE Scholarship, we would like to publicize your accomplishments in your hometown or school newspaper. To do so, we need your permission. Please check the appropriate space below. If you check “Yes”, please insert the name/person to contact. Please include the address/telephone number and facsimile*

*number of the newspaper in which you wan the information to appear. If selected, you will be asked to provide a photograph.*

\_\_\_\_\_ Yes, I would like to publicize my accomplishments in my hometown/school newspaper.

Newspaper Name: \_\_\_\_\_

Name/Title of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

\_\_\_\_\_ No, I do not wish to publicize my accomplishments.

Sign and Date Here:

\_\_\_\_\_