



NATIONAL BLACK COALITION OF FEDERAL AVIATION EMPLOYEES
Miami Chapter Local Scholarship Application

INSTRUCTIONS

Before the application can be processed, the applicant shall provide to the NBCFAE, Miami Chapter with a complete application packet, which includes:

1. The complete application form. (Please type or print legibly using blue or black ballpoint pen)
2. Copies of all transcripts (from each school) of highest education level attended, or last semester attended.
3. One letter of recommendation.
4. A letter of acceptance from prospective college, university, vocational or technical school unless already enrolled at one of the aforementioned.

GENERAL INFORMATION AND CRITERIA FOR APPLYING FOR NBCFAE, MIAMI CHAPTER ANNUAL SCHOLARSHIP:

1. All applicants must be in high school and expecting to graduate this summer.
2. All applicants must have a 3.0 grade point average or higher. Complete transcripts **MUST** be attached for verification.
3. Complete application packets must be postmarked no later than June 3, 2011
NO EXCEPTIONS.
4. If you are awarded a scholarship, funds will be awarded after the applicant presents a "Verification of Attendance" from the Office of Admissions of the college in which the applicant is attending.
5. If you are awarded a scholarship, a photograph must be submitted to the committee before you can receive your award.
6. Return the completed application and attachments to:

NBCFAE Scholarship Committee
P.O. Box 245006
Pembroke Pines, Florida 33024

Part I – Personal Data

Check applicable items	Degree currently seeking
<input type="checkbox"/> GED	<input type="checkbox"/> Associates
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Bachelors
<input type="checkbox"/> Technical School	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> College Undergraduate	_____

Date degree expected to be conferred: _____

1. Name _____
(Last) (First) (Middle)

2. Social Security Number _____

3. Present Address _____

(City) (State) (Zip Code)

4. Area Code and Telephone Number _____

5. Date of Birth _____ Male _____ Female _____

6. U.S. Citizen (yes or no) _____ Marital Status _____

7. Applicant's Occupation _____ Annual Income _____

8. Parents or Guardian:

Father's Name _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip Code)

Occupation _____

Mother's Name _____
(Last) (First) (Middle)

Address _____

(City) (State) (Zip Code)

Occupation _____

Part I – Personal Data continued

9. Children Depending Upon Parents for Support:

Age	School	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Other Dependents (Include Spouse)

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

11. Annual Total Family Income from All Sources \$ _____

Part II – Education Background

1. High School(s) attended: (Official transcripts for each school MUST be attached)

Name	Location	Dates Attended	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____

2. Extracurricular activities/school:

3. Leadership/school:

(Attach continuation sheet if necessary)

4. Colleagues/Universities Attended: (Official transcripts for each school MUST be attached.)

Name	Address	Dates Attended
_____	_____	_____

Name

Address

Dates Attended

5. Current/Expected College or University:(Letter of Acceptance MUST be attached.)

Name

Address

Dates Attended

6. Highest Level of College completed: _____

Part II – Education Background

7. List Honors and Awards received: _____

8. List organizational memberships, community memberships and offices held: _____

9. Community Leadership: _____

10. Employment/Work Study: (Start with most recent)

Job Title	Employer Name & Address	Dates of Employment

11. What is your major career goal? _____

Part III – NBCFAE Background

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

1. Check one:

A. I am a member of NBCFAE _____

B. I am a member’s dependent _____

2. The name of my NBCFAE chapter is _____

3. My occupation is _____.

4. I am the _____ of an NBCFAE member (relationship).

5. That member is affiliated with the _____ NBCFAE region.

6. He/She is employed at _____.

Part IV – Recommendations

1. The personal information of the NBCFAE member who recommended me:

(Last)	(First)	(Middle)
(Address)	(Telephone Number)	
(City)	(State)	(Zip Code)

2. Attach a written recommendation including the authors title and occupation from one of the following:
 - High school or College Counselor/Advisor
 - Minister, Community Leader or Professional Person who can vouch for your character

Part V – Publicity

If you are selected to receive the NBCFAE, Miami Chapter Scholarship, we would like to publicize your photo and accomplishments in your hometown or school newspaper. To do so, we need your permission. Please check the appropriate space below.

_____ Yes, I give the NBCFAE, Miami Charter permission to publicize my photo and accomplishments in my hometown/school newspaper.

_____ No, I do not give the NBCFAE, Miami Charter permission to publicize my photo and accomplishments in my hometown/school newspaper.

Part VI – Declaration

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

Signature

Date