



2024-25 Bill McShane Student 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 SM.

APPLICANT DATA: ☐ Ms. ☐ Mr. ☐ Mrs. ☐ Other ☐ N/A Home Tel # (____) ____ - ____

Last Name _____ First Name _____ MI _____

Home Street Address _____

Home City _____ State _____ Zip Code _____

Email _____

NYAMA MEMBER DATA: ☐ Ms. ☐ Mr. ☐ Mrs. ☐ Other ☐ N/A Work Tel # (____) ____ - ____

Last Name _____ First Name _____ MI _____

Work Street Address _____

Work City Address _____ State _____ Zip Code _____

Email _____

HIGH SCHOOL DATA:

Must include most recent report card or transcript.

Name _____ City/State _____ Grad Date (mo/yr) _____

Cumulative GPA (on a 4.0 basis) Numerical/letter grades must be converted to a 4.0 basis

COLLEGE DATA:

Please list the accredited undergraduate NYS college/school you attend or plan to attend

Name _____ City State _____

Proposed Major _____ Proposed Graduation Date Month (mm) _____ Year (yyyy) _____

Cumulative GPA (on a 4.0 basis) Numerical or letter grades must be converted to a 4.0 basis

AFFIDAVIT: The signatures below affirm that all the information provided in this application, as well as 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 _____

Signature of NYAMA Member _____ Date _____

EXTRACURRICULAR, COMMUNITY, VOLUNTEER ACTIVITIES AND AWARDS DURING THE LAST 4 YEARS:

If more space is needed for this and the following 2 sections, please duplicate this page – **résumés or any other format will not be accepted.** Please enter dates in a month and year (mm/yyyy) format.

Activity	from mo/yr	to mo/yr	hrs/ week	Activity	from mo/yr	to mo/yr	hrs/ week

Awards and/or offices held

Year

Awards and/or offices held

Year

WORK EXPERIENCE DURING THE LAST 4 YEARS:

Please enter dates in a month and year (mm/yyyy) format.

Position	from mo/yr	to mo/yr	hrs/ week	Position	from mo/yr	to mo/yr	hrs/ week

TRANSCRIPT: Please submit a transcript or a copy of your grades or unofficial transcripts.

STATEMENT OF GOALS AND ASPIRATIONS AND HOW THIS SCHOLARSHIP WILL ASSIST IN THAT ENDEAVOR:

Please attach a separate sheet of paper if this space is inadequate.

PERSONAL STATEMENT - WHY ARE YOU INTERESTED IN AVIATION?:

Please attach a separate sheet of paper if this space is inadequate.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN JUNE 3, 2024

2024-25 Bill McShane Student Scholarship Program

APPLICATION SUBMISSION PROCESS

APPLICATIONS MUST BE POSTMARKED NO LATER THAN JUNE 3, 2024

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

New York Aviation Management Association
230 Washington Avenue Extension, Suite 101
Albany, NY 12203-3539

Please direct queries to the address above, or
CALL (518) 687-2241 FAX (518) 463-8656
Email: Info@nyama.aero

--