



## 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



# **2024-25 Bill McShane Student Scholarship Program**

## **APPLICATION SUBMISSION PROCESS**

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN JUNE 28, 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](mailto:Info@nyama.aero)

