

2024-25 Bill McShane Student Scholarship Program

- 1.
- Please print or type all information. If space provided is inadequate, please attach additional papers to the application. 2.
- 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) State Zip Code
Email	
NYAMA MEMBER DATA:	ther 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 y	ou attend or plan to attend
Name	City State
	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

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. from from to hrs/ to hrs/ mo/yr mo/yr week Activity mo/yr mo/yr week Activity 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. from hrs/ from hrs/ to mo/yr mo/yr week Position mo/yr mo/yr week Position **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.

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

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