

Commemorative Air Force Wings Over Houston® Airshow Scholarship Application - 2018



Name of Applicant: _____

Home Address :

Street : _____

City, State, ZIP : _____

Are you a member of the CAF? (Yes/No) _____

Note: refer to the Wings Over Houston Scholarship Program Letter for Residency or Membership requirements

Most reliable

SUMMER 2018 Street or P.O. Box : _____

contact address if

different from above City, State, ZIP : _____

Most reliable SUMMER

E-mail address: _____

College or University where
you are currently enrolled: _____

Other Colleges or Universities you have
previously attended (if applicable): _____

Current GPA (indicate if the Grade Point system used
by your school is something other than "A"=4.0): _____

Major: _____ Minor (if
applicable): _____

Month and Year you started college: _____ Month and Year you
expect to graduate: _____

Have you previously been awarded a WOH Scholarship? Yes ____ No ____ If yes, what year(s)? _____

School Activities: Organizations, Clubs, Athletics. In right column indicate offices held, if any.

1) _____ Office: _____

2) _____ Office: _____

3) _____ Office: _____

4) _____ Office: _____

Honors and Awards (state year and type of honor or award)

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

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Work Activities:

Are you currently employed? Yes____ No____ If yes, indicate when you started, the type of work, and your average number of hours per week.

Other than the work listed above, have you worked during college, high school, or during the summers?
Yes____ No____ If yes, briefly indicate the periods of employment, the type of work, and the average number of hours worked per week.

Financial Need Information:

Your gross income for last year: _____

Are you currently receiving any other scholarships or grants? Yes ____ No ____

If yes, list total dollar amount you expect to receive for the 2018-2019 academic year: _____

Do you have dependents for whom you have full financial responsibility? Yes ____ No ____

If yes, how many? ____

Are you listed as a dependent on anyone else's tax return (parents or guardians)? Yes ____ No ____

If yes, please list their gross income for last year: _____

How many members are there in your immediate family (parents, brothers, sisters, spouse, children): _____

How many members of your immediate family will be in college during the 2018-2019 academic year (including yourself)? _____

Essay:

Attach an essay (typed, double-spaced) of no more than 1,000 words about your career objectives, how your academic program is preparing for those objectives, and how your career objectives are associated with aviation or aerospace. Be sure to include your name on the essay!

Other Information:

If you wish, you may attach a separate letter with any other information which you would like the Scholarship Committee to consider while reviewing your application.

Signature of
Applicant _____

Date: _____

Checklist of Required Information to be submitted:

- This application, fully completed
- Essay
- Photocopy of your Texas Driver's License or other ID showing place of residence, *or* proof of CAF membership eligibility
- Original or Photocopy of your most recent official transcript. May be sent under separate cover or included with this application.
- Three letters of recommendation (two for applications from previous WOH scholarship recipients). May be sent under separate cover or included with this application.

Send to:	Wings Over Houston Airshow Scholarship Committee Hangar B4 18000 Groschke Road Houston, TX 77084
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**All materials must be postmarked
no later than July 1, 2018**