

ROBERT L. CROW
SCHOLARSHIP APPLICATION - 2021

SECTION 1		APPLICANT'S INFORMATION				(page 1 of 2)
LAST NAME	FIRST	MI	SSN(last 4digits only)	DOB	YR. OF APP.	
STREET	CITY		STATE	ZIP	TELEPHONE	
EMAIL ADDRESS:						
SECTION 2		PARENT/ GUARDIAN INFO.				
LAST NAME	FIRST	MI	SSN(last 4digits only)	APPROX. HOUSEHOLD INCOME		
STREET	CITY		STATE	ZIP	TELEPHONE	
NUMBER OF DEPENDENTS OTHER THAN APPLICANT:						
SECTION 3		SPONSOR INFORMATION				
LAST NAME	FIRST	MI	SSN(last 4digits only)	RELATION TO APP.	AAO#	
CHECK ONE: AAO MEMBER___ ASSOC. AAO MEMBER___ DECEASED AVIATION ORDNANCEMAN ___						
SECTION 4		PREVIOUS EDUCATION				
HIGH SCHOOL ATTENDED:			GRADUATED: YES___ NO___		GPA_____ of 4.0 or 5.0	
STREET	CITY		STATE	ZIP		
COLLEGE, TRADE, TECHNICAL SCHOOL ATTENDED:			GRADUATED: YES___ NO___		GPA_____ of 4.0 or 5.0	
STREET	CITY		STATE	ZIP		
SECTION 5		PLANNED EDUCATION				
NAME OF SCHOOL YOU PLAN TO ATTEND						
STREET	CITY		STATE	ZIP		
LOCATION OF FINANCIAL AID OFFICE			PHONE (INCLUDE AREA CODE)			
STUDENT ID NUMBER:						
PLANNED COURSE OF STUDY OR MAJOR:						
Check One and Mark N/A for all remaining non-applicable fields						
FRESHMAN	SOPHOMORE		JUNIOR	SENIOR	LENGTH OF PROGRAM	
GRADUATE	POST GRADUATE		VOCATIONAL TRAINING			

ROBERT L. CROW
SCHOLARSHIP APPLICATION - 2021

SECTION 6		FINANCIAL INFORMATION (page 2 of 2)	
PROVIDE THE FOLLOWING FINANCIAL INFORMATION FOR ONE (1) FULL SCHOOL YEAR. IF UNKNOWN, ESTIMATE AS CLOSE AS POSSIBLE.			
COST OF EDUCATION		SOURCE OF FUNDING*	
TUITION & fees*		SAVINGS	
ROOM & BOARD		SCHOLARSHIPS/ GRANTS	
BOOKS & SUPPLIES		LOANS	
TRANSPORTATION		PARENTS/ GUARDIANS	
PERSONAL EXPENSES		RELATIVES/ FRIENDS	
OTHER EXPENSES		PART TIME INCOME	
* INCLUDE LAB AND OTHER FEES		OTHER INCOME	
TOTAL		TOTAL	
IS THE APPLICANT IN COMPETITION FOR OR HAVE RECEIVED OTHER SCHOLARSHIPS, GRANTS, OR AWARDS FOR THE <u>UPCOMING ACADEMIC YEAR</u>?			
* <u>INCLUDE ANY APPLIED FOR OR RECEIVED FEDERAL STUDENT AID (FSA).</u>			
YES ___ NO ___			
IF YES, BRIEFLY DESCRIBE BY INDICATING THE SPONSORING ORGANIZATION AND AMOUNT.			
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>			
BRIEFLY DESCRIBE EMPLOYMENT DURING THE PAST TWO (2) YEARS:			
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>			
SECTION 7		ATTESTATION	
THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. IF THERE ARE ANY CHANGES TO ANY OF THE ABOVE SUPPLIED INFORMATION, I WILL INFORM THE FOUNDATION OF THESE CHANGES. I ALSO UNDERSTAND THAT FAILURE TO DO SO COULD RESULT IN REMOVAL OF ANY AWARDED SCHOLARSHIP.			
(IF APPLICANT IS THE SPONSOR, SIGN BOTH LINES)			
SIGNED: (APPLICATION WILL NOT BE ACCEPTED IF NOT SIGNED)			
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Applicant</p>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Date</p>		
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Parent/Guardian/Sponsor</p>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <p style="text-align: center; margin-top: 5px;">Date</p>		