

CHRISTIAN AIRMEN SCHOLARSHIP FUND

Sponsored by: Christian Airmen Educational Foundation 10535 Main Street Clarence, NY 14031

Scholarship Application

To apply for this scholarship, please complete the application below and return to your guidance office by April 1, 2024. The applicant must be a senior who is currently attending a regional Western New York high school. Preference will be given to those students who have completed an aviation ground or trade school and have demonstrated an interest in a particular field of aviation. Also, the need for financial assistance may be a determining factor in the awarding of this scholarship.

APPLICANT'S INFORMATION								
Student's Name:								
Home Address:								
Home Phone:					Ce	II Phone:		
E-mail Address:								
Father's Name:								
Mother's Name:								
SCHOOL INFORMATION								
School you currently attend:								
School Guidance Counselor:								
Counselor Phone Number:	Email Address							
Have you been accepted at a post high school educational institution?								
Name of college you plan on atte	ending							
What Major?								
Cost of tuition per year:	\$ 2 year program 4 year program							
	Н	IGH SCHOOL ACC	СОМ	PLISH	MENT	S		
What was your most important accomplishment in high school and why do you feel that it was?								

AWARDS							
List any other awards or honors y	ou have received	d in or out of scho	ool:				
1:							
2:							
3:							
4:							
5:							
6:							
7:							
8:							
EXTRA- CURRICULAR ACTIVITIES							
List extra-curricular activities and community service you have been directly involved in while in high school:							
FINANCIAL INFORMATION							
Indicate the range of the annual total income of your parents/guardians:							
□ Below \$25,000 □ \$25,0	00 - \$50,000 🗆] \$50,000 - \$75,0	000	🗆 \$75,000 -	\$100,000	1	Above \$100,000
Any other siblings currently atte	nding college?		☐ Yes] No	
		AVIATION E	XPERIEN	ICE			
Have you attended an aviation ground school at your high school or elsewhere?							
If your answered Yes above:	When:						
	Where:						
	Date:						
	1	I					

OTHER SCHOLARSHIPS

List any scholarships that have already been awarded to you:						
REFERENCES						
List three references with addresses and phone numbers; one from the community and one from your faculty or school administration:						
[1].	Phone:					
Address:						
[2].	Phone:					
Address:						
[3].	Phone:					
Address:						
AVIATION EDUCATIONAL GOALS						
In a brief paragraph, please discuss your aviation educational goals and how this scholarship award will help you to further them.						

SIGNATURES						
I certify that the information given on this application is true and correct.						
Applicant Signature		Date				
Signature of parent/guardian		Date				

CAEF SCHOLARSHIP APPLICATION AMENDMENT

All applicants please note: The CAEF Scholarship Committee will rely on the information contained in this Application. Any Scholarship Award will be made directly to the Student Account Office at the college where you have disclosed to the CAEF Scholarship Committee you will be attending. The Scholarship Committee shall also rely upon your representations as to your chosen field of study. Should your area of study and/or college change subsequent to the submission of this Application, it is necessary for you to advise the CAEF Scholarship Committee of such changes.