

**ASSOCIATION OF AVIATION ORDNANCEMEN  
EDUCATIONAL FOUNDATION  
ROBERT L. CROW  
SCHOLARSHIP APPLICATION**

January 6, 2010

This application is to be used to apply for the annual scholarship(s) awarded by the Association of Aviation Ordnancemen Educational Foundation. The Foundation President must receive the complete application by, or it must be postmarked no later than, the 15<sup>th</sup> day of the month in the month preceding the start of The Association of Aviation Ordnancemen's Annual Convention/Symposium. Applications received in any other manner will not be accepted. All applicants will be notified of their selection or non-selection as soon as practicable after the selection(s) is made. Those selected will receive their award package no later than 60 days after selection.

Mail completed application to:

**ASSOCIATION OF AVIATION ORDNANCEMEN  
EDUCATION FOUNDATION  
Edward C. Scott, President  
35 Palmyra Lane  
Palm Coast, FL 32164-7517**

**INSTRUCTIONS:**

1. This application must be attached to a cover letter, written by the applicant, in their own words, requesting consideration for this award. This cover letter should also state why the applicant desires the award and what their education goals are. Include a separate brief biography, not to exceed ½ typed page, and a recent photo suitable for publication.
2. Typed or computer generated in black ink only.
3. Fill out all portions of the application completely.
4. **If a space does not apply, mark "NA".**
5. Attach a "certified copy" of high school and/ or college, trade or technical school transcripts. (Do not send originals, none will be returned)
6. Include any additional information about yourself, which you may feel worthy for consideration, i.e. work, civic, school activities, etc.
7. See next 2 pages for more information.
8. **Do not mail this or RULES AND INFORMATION sheets with application.**

# ROBERT L. CROW SCHOLARSHIP APPLICATION

## RULES AND INFORMATION

### **1. ELIGIBILITY:**

1. REGULAR MEMBER or ASSOCIATE MEMBER, in good standing, of the ASSOCIATION of AVIATION ORDNANCEMEN. **See Note.**
2. Dependents or immediate family (brother/sister/grandchildren) of a REGULAR MEMBER or ASSOCIATE MEMBER, in good standing, of the ASSOCIATION of AVIATION ORDNANCEMEN. **See Note.**
3. Dependents of a deceased Aviation Ordnancemen of the U. S. Navy or Marine Corps. DD Form-214 or appropriate supporting documentation, that the deceased was an Aviation Ordnancemen, is required.
4. Officers of the Foundation and their family members are not eligible to apply for or sponsor a scholarship during the Officer's term of office and for 5 years from the date the Officer leaves office.

**NOTE:** For the purpose of the Scholarship Program only "in good standing" is defined as:

1. The sponsor must have completed at least one full year as a dues current member prior to 1 January of the year in which application is being submitted for.
2. The sponsor's dues must be current as of the date the Association of Aviation Ordnancemen's Convention/Symposium begins.

### **2. USE:**

A scholarship granted to an individual may be used to meet any authorized expenses incurred for continuing education past high school in any field of endeavor. Continuing education means attendance at a university, college, technical, and trade or specialty school normally attended in seeking education beyond high school.

### **3. VALUE:**

The Foundation's Board of Directors sets the number of scholarships to be given and the value of each at their Board of Directors Meeting.

### **4. SELECTION CRITERIA:**

The Foundation's President will review all applications to determine the applicant's eligibility and if the application package is complete. If the applicant is not eligible or the application package is not complete it will be removed from consideration for a scholarship. Action to remove the package is considered final.

Selection of an individual to receive a scholarship will be based on, but not limited to the following considerations: (a) Academic record, (b) Needs of the individual, (c) Goals of the individual, (d) Eligibility for and award of other scholarships and educational grants.

**5. SELECTION AND NOTIFICATION:**

The Scholarship Selection Committee, consisting of at least 4 members, will normally meet on Friday during the Association of Aviation Ordnancemen's Annual Convention/Symposium to select that year's winner(s) for the Robert L. Crow Scholarship(s). Decisions made by the Selection Committee, concerning selection or non-selection, are considered final. The winner(s) of the scholarship(s) will be announced during the Association of Aviation Ordnancemen's Awards Banquet normally held on Saturday. Within 60 days following their selection, the President of the Foundation or his appointed representative, will notify the winner (s) in writing. As soon as practicable, after the Convention/Symposium, the President of The Foundation or his appointed representative will notify, by letter, all applicants who were not selected for a scholarship. Any application package removed from consideration will be returned to the applicant along with a brief explanation on the reason for removal.

**6. APPLICATION:**

Submitting a personal letter, brief biography, and a recent photo in addition to the scholarship application with attached certified copy of scholastic transcripts from the applicant to the President of The Foundation will constitute application for the Robert L. Crow Scholarship. The President will deliver all accepted applications to the Scholarship Selection Committee for their review.

**THE PRESIDENT OF THE FOUNDATION MUST RECEIVE THE COMPLETED APPLICATION BY, OR IT MUST BE POSTMARKED NOT LATER THAN, THE 15<sup>TH</sup> DAY OF THE MONTH IN THE MONTH PRECEDING THE START OF THE ASSOCIATION OF AVIATION ORDNANCEMEN'S ANNUAL CONVENTION/SYMPIOSIUM. APPLICATIONS RECEIVED IN ANY OTHER MANNER WILL NOT BE ACCEPTED.** (i.e. 15<sup>th</sup> of June if the convention is held in July)

*Best of luck in your continuing efforts of educational growth and endeavors!*

**DO NOT SUBMIT THE INSTRUCTION PAGE AND RULES AND INFORMATION SHEETS.**

## ROBERT L. CROW SCHOLARSHIP APPLICATION

<b>SECTION 1</b>		<b>APPLICANT'S INFORMATION</b> (page 1 of 2)			
LAST NAME	FIRST	MI	SSN( last 4digits only)	DOB	YR. OF APP.
STREET	CITY		STATE	ZIP	TELEPHONE
EMAIL ADDRESS:					
<b>SECTION 2</b>		<b>PARENT/ GUARDIAN INFO.</b>			
LAST NAME	FIRST	MI	SSN( last 4digits only)	APPROX. HOUSEHOLD INCOME	
STREET	CITY		STATE	ZIP	TELEPHONE
NUMBER OF DEPENDENTS OTHER THAN APPLICANT:					
<b>SECTION 3</b>		<b>SPONSOR INFORMATION</b>			
LAST NAME	FIRST	MI	SSN( last 4digits only)	RELATION TO APP.	AAO#
CHECK ONE: AAO MEMBER <input type="checkbox"/> ASSOC. AAO MEMBER <input type="checkbox"/> DECEASED AVIATION ORDNANCEMAN <input type="checkbox"/>					
<b>SECTION 4</b>		<b>PREVIOUS EDUCATION</b>			
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	
<b>SECTION 5</b>		<b>PLANNED EDUCATION</b>			
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:					
FRESHMAN ___	SOPHOMORE ___	JUNIOR ___	SENIOR ___	LENGTH OF PROGRAM _____	
Vocational Training _____		Graduate ___		Post Graduate ___	

**ROBERT L. CROW  
SCHOLARSHIP APPLICATION**

<b>SECTION 6</b>	<b>FINANCIAL INFORMATION</b> (page 2 of 2)
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**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	
<b>TOTAL</b>		<b>TOTAL</b>	

**IS THE APPLICANT IN COMPETITION FOR OR HAVE RECEIVED OTHER SCHOLARSHIPS, GRANTS, OR AWARDS FOR THE UPCOMING ACADEMIC YEAR? \*INCLUDE ANY APPLIED FOR OR RECEIVED FEDERAL STUDENT AID (FSA).**

YES \_\_\_ NO \_\_\_

**IF YES, BRIEFLY DESCRIBE BY INDICATING THE SPONSORING ORGANIZATION AND AMOUNT.**

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**BRIEFLY DESCRIBE EMPLOYMENT DURING THE PAST TWO (2) YEARS:**

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<b>SECTION 7</b>	<b>ATTESTATION</b>
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**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:**

\_\_\_\_\_

**Applicant****Date**

\_\_\_\_\_

**Parent/Guardian/Sponsor****Date**