

CONFIDENTIAL



8 Opportunity Place, Greenville, S.C.
Phone: 864-987-9331
Fax: 864-987-9332
www.USAeroTech.net

Application for Partner Scholarship:

for 20__ – 20__ / Aug Jan May

Applications are due 5 days prior to trimester start date.

Personal and Contact Information: (Please Print Clearly or Type)

Name: _____ Male Female
Last First Middle

Address: _____
Street / PO Box

_____ City State Zip Code Country

Phone: _____ Day Evening Cell

E-Mail: _____

DOB: ____ / ____ / ____ Marital Status: Single Married
Mo Day Yr

Citizenship: _____ Visa Status: _____

If a US citizen, your social security no. is required for application: _____

Is this your first time applying for the *Partner Scholarship*: Yes No

Education Information:

High School: _____
School Name

_____ City State Year Graduated

Tech School: _____
School Name

_____ City State Year Graduated Degree / Certification

College #1: _____
School Name

_____ City State Year Graduated Degree / Certification

College #2: _____
School Name

_____ City State Year Graduated Degree / Certification

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Scores: ACT: _____ SAT: _____ GPA's: High School: _____ College: _____

Education Information cont:

Have you applied for admission to, or been accepted by, another school? Yes No

If yes, name of institution: _____

List any degrees you have earned: _____

List any honors or achievements you have received: _____

List extracurricular activities you pursue: _____

List any community involvement: _____

Church affiliation: _____

Address: _____

Family Information:

Father: _____
Last First Middle

Address: _____
Street / PO Box

City State Zip Code Country

Phone: _____
Day Evening Cell

E-Mail: _____

DOB: _____ / _____ / _____ Citizenship: _____
Mo Day Yr

If a US citizen, his social security no. is required for application: _____

Occupation: _____

Adjusted Gross Income last year: _____

Projected Income this year: _____

Number of dependent children in college / university: _____

Total paid for room, board & tuition for all siblings: _____

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Mother:	Last	First	Middle	Maiden name
Address:	Street / PO Box			
Phone:	City	State	Zip Code	Country
E-Mail:	Day Evening Cell			
DOB:	Mo	Day	Yr	Citizenship: _____
If a US citizen, her social security no. is required for application: _____				
Occupation: _____				
Adjusted Gross Income last year: _____				
Projected Income this year: _____				

Your Financial Information:

Adjusted Gross Income last year:	_____
Projected Income this year:	_____
<u>School Expenses:</u>	
Tuition and Fees:	_____
Room / board:	_____
Books:	_____
Supplies:	_____
<u>Living Expenses:</u>	
Transportation:	_____
Laundry / Clothing:	_____
Personal / other Needs:	_____
<u>Assistance:</u>	
Projected Financial Assistance:	_____
Scholarships / Awards:	_____
Student Employment:	_____
Loans:	_____
EFC (Expected Family Contribution) from FAFSA:	_____
Other income / assistance:	_____

Please Note:

Applications are due 45 days prior to trimester start date.

The information reported on this form is correct and complete to the best of my knowledge. Yes No

I authorize the board or its representatives to discuss information on this application with USAeroTech Institute. Yes No

I also hereby authorize the board and its representatives to discuss my application with any of my references. Yes No

Signature: _____ **Date:** _____