



8 Opportunity Place, Greenville, S.C.
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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

CONFIDENTIAL

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: _____

CONFIDENTIAL

Mother:	_____	_____	_____	_____			
	Last	First	Middle	Maiden name			
Address:	_____						
	Street / PO Box						

	City	State	Zip Code	Country			
Phone:	_____		_____				
	Day	Evening	Cell				
E-Mail:	_____						
DOB:	____	/	____	/	____	Citizenship:	_____
	Mo		Day		Yr		
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):	_____
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:** _____