



# THE AAAA SCHOLARSHIP FOUNDATION, INC.

755 Main Street, Suite 4D, Monroe, CT 06468-2830 • Tele (203) 268-2450 • FAX: (203) 268-5870 • E-MAIL: [aaaa@quad-a.org](mailto:aaaa@quad-a.org)



## SCHOLARSHIP GRANT AND LOAN APPLICATION PROCEDURES

Enclosed you will find our SCHOLARSHIP GRANT/LOAN APPLICATION. Please complete and return this form to the AAAA Scholarship Foundation, Inc., at 755 Main Street, Suite 4D, Monroe, CT 06468 on or before May 1 (the postmark on your envelope will govern).

Our receipt of your Application and our determination of your eligibility will establish you as an Applicant.

Outlined below is a summary of the additional forms provided to you in this package and supporting data required. These forms, together with the supporting data, must be returned to the AAAA Scholarship Foundation on or before June 1 (again postmark will govern). Submission of forms and supporting data is mandatory unless otherwise noted.

1. **CURRENT TRANSCRIPT OF GRADES FROM YOUR SECONDARY SCHOOL OR COLLEGE:** If your school sends your current transcript directly to us, you may wish to provide the school official with a post-paid return envelope. You are responsible for insuring that we receive the transcript. Transfer students must also send transcripts from all previous colleges attended. Note - our receipt of your most recent cumulative Grade Transcript is mandatory for all applicants. Graduate level applicants are also required to provide their undergraduate grade transcript.

2. **ACADEMIC REPORTING FORM:** The Academic Reporting Form should be completed by the appropriate official from your School who has access to the information requested, such as the principal, dean, headmaster, or guidance counselor. If the official wishes to return the completed form directly to us, provide them with a return envelope. Reminder - you are responsible for follow-up to see that we receive this form on time. Note - our receipt of this form is mandatory.

3. **PROOF OF ADMISSION FROM YOUR COLLEGE OR UNIVERSITY:** In order to be considered for a grant or loan, you must provide proof that you will be attending an accredited college or university in the Fall as an undergraduate or graduate student. If your college or university sends the proof of admission directly to us, you may wish to provide the school official with a return envelope. For your information, if you are a successful candidate, no funds will be disbursed unless proof that you are registered for fall admission (class schedule, fee receipt, etc.) is received.

4. **ESSAY: FOR GRADUATE STUDENT APPLICANTS ONLY.** The applicant must submit a 250-word essay about your life experiences, work history, and aspirations. Note - our receipt of this essay is mandatory.

5. **REFERENCE FORMS:** Enclosed you will find two reference forms which should be completed by individuals who know your abilities and potential, such as employers or other adults with whom you have a "businesslike" relationship. Do not include relatives. Provide each of the two references with one reference form. If possible, have the forms returned (sealed) directly to you so you can send them to us on time. If the writer prefers sending the reference directly to us, provide him or her with a return envelope and be advised that you are responsible for follow-up to see that these are received by us on time.

6. **SCHOOL RECOMMENDATION:** The School Recommendation should be completed by a person who has direct, personal knowledge of your overall performance as a secondary school or college student. This recommendation, by itself, is NOT a decisive factor in the ultimate selection, but serves to enlarge the picture of you that is presented through your references. If the secondary school or college official wishes to return the completed form directly to us, provide them with a return envelope. Reminder- you are responsible for follow-up to see that we receive this form on time.

7. **TEACHER'S RECOMMENDATION:** The Teacher's Recommendation should be completed by a teacher who has direct, personal knowledge of your classroom performance. This recommendation, by itself, is NOT a decisive factor in the ultimate selection, but serves to enlarge the picture of you that is presented through your references. If the teacher wishes to return the completed form directly to us, provide him or her with a return envelope. Reminder - you are responsible for follow-up to see that we receive this form on time.

**\*\* PLEASE DO NOT USE THE SAME PERSON FOR MULTIPLE REFERENCE FORMS\*\***

8. **PHOTOGRAPH:** Please provide a black and white or color snapshot of yourself to be used by the Foundation for publicity purposes. The size of the snapshot should be such that your head and shoulders fit within one of the frames appearing on the PHOTO TRANSMITTAL FORM. Successful award recipients photos and names will be published in ARMY AVIATION magazine.

Applications will not be considered unless they are received on time and the supporting papers are received by the deadline indicated. The deadlines indicated are absolute: all papers must be postmarked no later than the date shown. We look forward to receiving your application. If you have any questions, or if you wish to check on the status of our receipt of your supporting papers, please feel free to call the AAAA Scholarship Foundation at (203) 268-2450.

Selection of the winners will be made by the AAAA Awards Committee in mid-July with each applicant to receive a list of the winners not later than August 15.



# AAAA SCHOLARSHIP GRANT/LOAN APPLICATION

Our receipt of your Application and our determination of your eligibility will establish you as an Applicant. Complete all information below and return on or before May 1.



<b>APPLICANT INFORMATION</b>	PLEASE CHECK ONE: <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> _____	PRINT FIRST NAME	MI	PRINT LAST NAME
	PERMANENT MAILING ADDRESS: STREET NUMBER OR P.O. BOX			DATE OF BIRTH MO. ____ / DAY ____ / YR. ____
	CITY	STATE	ZIP+4	HOME PHONE NUMBER ( ) -
	E-MAIL ADDRESS			
	NAME OF SECONDARY SCHOOL OR COLLEGE CURRENTLY ATTENDING			SCHOOL'S PHONE NUMBER ( ) -
	APPLICANT'S MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	APPLICANT'S SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	IS APPLICANT A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	PROGRAM FOR WHICH YOU ARE APPLYING <input type="checkbox"/> GRANT <input type="checkbox"/> LOAN (freshmen only) <input type="checkbox"/> BOTH (freshmen only)

<b>MEMBER INFORMATION</b>	MEMBER'S FIRST NAME	MI	MEMBER'S LAST NAME	SOCIAL SECURITY NUMBER - -
	MEMBER'S ADDRESS: STREET NUMBER OR P.O. BOX		CITY	STATE
	MEMBER'S ADDRESS: ZIP+4			
	CHECK APPLICANT'S RELATIONSHIP TO MEMBER <input type="checkbox"/> SELF (1) <input type="checkbox"/> SPOUSE (2) <input type="checkbox"/> SIBLING (3) <input type="checkbox"/> CHILD (4) <input type="checkbox"/> GRANDCHILD (5)	MEMBER'S RANK/ GRADE	MEMBER'S AFFILIATION <input type="checkbox"/> ARMY ACTIVE DUTY <input type="checkbox"/> DA/DOD CIVILIAN <input type="checkbox"/> ARMY NATIONAL GUARD <input type="checkbox"/> ARMY RESERVE <input type="checkbox"/> ARMY RETIRED <input type="checkbox"/> OTHER US MILITARY SERVICES <input type="checkbox"/> US DEFENSE INDUSTRY <input type="checkbox"/> OTHER: _____	MEMBER'S OFFICE PHONE
	MEMBER'S CHAPTER AFFILIATION			MEMBER'S HOME PHONE
	MEMBER'S EMPLOYER			MEMBER'S FAX
MEMBER'S EMPLOYER				
MEMBER EMAIL				
MATCHING FUND ELIGIBILITY, AAAA MEMBER IS ALSO ASSOCIATED WITH: <input type="checkbox"/> 160 <sup>TH</sup> SOAR(A) <input type="checkbox"/> 114 <sup>TH</sup> AVIATION COMPANY ASSOCIATION <input type="checkbox"/> VIETNAM HELICOPTER PILOTS ASSOCIATION (VHPA) <input type="checkbox"/> OTTER-CARIBOU ASSOCIATION <input type="checkbox"/> 7/17 CAV RUTHLESS RIDERS ASSOCIATION <input type="checkbox"/> DUSTOFF ASSOCIATION				

<b>LOAN DECLARATION</b>	<b>AAAA SCHOLARSHIP FOUNDATION LOAN PROGRAM</b>			
	<b>STATEMENT OF APPLICANT</b>		<b>STATEMENT OF SPONSOR, PARENT OR GUARDIAN</b>	
	I am applying for loan assistance from the AAAA Scholarship Foundation, Inc. The answers given are complete and correct to the best of my knowledge. I will advise the AAAA Scholarship Foundation, Inc., of any changes in my college status which would affect my eligibility for this loan.		I hereby certify that I am unable, without undue financial hardship, to provide the additional requested funds to enable the applicant so stated on this application to go to the chosen institution for the coming academic year. I will do all that is possible to impress said applicant with the responsibility for repayment.	
	If this loan request is approved, I affirm that it will be used only for educational expenses. I will honor the following conditions under which the loan is made, and while in the program, will: 1) sign and return promptly all promissory notes; 2) remain a full-time student in good standing; 3) provide transcripts of work completed; and 4) provide at all times a valid address and reply promptly to letters from the AAAA Scholarship Foundation, Inc., relating to this loan.		If this loan request is approved, I will agree to be cosigner on the promissory note and abide by the terms of the agreement, i.e., to repay the note at the minimum rate of \$50 per month, beginning in the fourth month after said applicant's graduation or leaving school, or if he/she does not abide by the conditions in the "Statement of Applicant" unless we have made other satisfactory arrangements with the AAAA Scholarship Foundation, Inc., for repayment.	
	SIGNATURE OF APPLICANT		SIGNATURE OF SPONSOR, PARENT OR GUARDIAN	
	NAME PRINTED OR TYPED		NAME PRINTED OR TYPED	
DATE	RELATIONSHIP	SOCIAL SECURITY NUMBER - -		
How did you hear about the AAAA Scholarship Program?				

COLLEGE ADMISSION	NAME OF INSTITUTION WHICH YOU WILL ATTEND IN THE FALL:		CITY	STATE	
	EXPECTED COLLEGE GRADUATION DATE _____	MONTH _____	YEAR _____	DEGREE CURRENTLY BEING SOUGHT: (AA, AS, BA, BS, MA, MS, PhD)	FIELD OF STUDY
	I AM CURRENTLY ENROLLED IN: <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> OTHER _____		IN THE FALL, I WILL BE A: <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE STUDENT		IN THE FALL, I WILL BE ENROLLED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
	IF NOT A FOUR-YEAR PROGRAM, PLEASE SPECIFY:				
	ASIDE FROM FINANCIAL CONSIDERATIONS, WHY DID YOU CHOOSE THIS PARTICULAR COLLEGE OR INSTITUTION?				

CURRENT ACTIVITIES	LIST ANY RECENT EMPLOYMENT, FULL-TIME AND PART-TIME		YEAR	HOURS PER YEAR
	_____		_____	_____
	_____		_____	_____
	_____		_____	_____
	_____		_____	_____
	_____		_____	_____
LIST ANY RECENT COMMUNITY VOLUNTEER WORK YOU MAY HAVE DONE		YEAR	HOURS PER YEAR	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
LIST MEMBERSHIP IN CLUBS, SOCIETIES, OR ORGANIZATIONS IN YOUR COMMUNITY, OR IN YOUR SCHOOL, INCLUDING STUDENT GOVERNMENT IN THE LAST FEW YEARS. INDICATE POSITION HELD (PRESIDENT, MANAGER, MEMBER)		YEAR	POSITION HELD	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
LIST ANY PARTICIPATION IN ATHLETIC PROGRAMS, ACTIVITIES, AND/OR TEAMS IN THE LAST FEW YEARS (SOFTBALL LEAGUE, VARSITY TENNIS, ETC.):		YEAR	POSITION HELD	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
LIST ANY HIGH SCHOOL, COLLEGE OR CIVIC HONORS, PRIZES, AWARDS, CITATIONS, ETC., YOU MAY HAVE RECEIVED:				
(1) _____	(4) _____			
(2) _____	(5) _____			
(3) _____	(6) _____			
LIST ANY HOBBIES YOU MAY HAVE:				
(1) _____	(4) _____			
(2) _____	(5) _____			
(3) _____	(6) _____			



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**1 TO THE APPLICANT:** Please print or type the answers below and provide this Form and the enclosed business reply envelope to the appropriate official in your School - the principal, dean, headmaster, class advisor, or guidance counselor. **MANDATORY FOR ALL APPLICANTS.**

Applicant's Name: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Name of School Official: \_\_\_\_\_  
Applicant's Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ School's Phone: \_\_ (\_\_\_\_) \_\_\_\_\_  
Applicant's E-Mail Address: \_\_\_\_\_

## ACADEMIC REPORTING FORM

**2 TO THE SCHOOL:** Please complete and return this Academic Reporting Form and a copy of the Applicant's official GRADE TRANSCRIPT on or before **June 1** in the post-paid return envelope provided. Please advise us if the Applicant did not take any listed test by marking "Not Taken" in the appropriate space. **Transfer Students:** Please note that all college transcripts are required from **all** institutions attended.

### A) GPA: (MANDATORY FOR ALL APPLICANTS)

Applicant's most recent cumulative grade point average: (**Note:** The 4.0 grade point system is used: A (3.60-4.00); B (2.60-3.59); C (1.60-2.59); D (.60-1.59); F (0-.59). Please convert the applicant's grade point average to this system. If you have a written explanation of school policy on the calculation of GPA, please attach it to this form.)

Weighted GPA: \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_

If an entering freshman, has the applicant taken any advanced placement courses?

Yes  No

### B) GRE GENERAL TEST SCORES: (GRADUATE STUDENTS ONLY)

Verbal \_\_\_\_\_ / \_\_\_\_\_ Quantitative \_\_\_\_\_ / \_\_\_\_\_ Analytical \_\_\_\_\_ / \_\_\_\_\_  
Score % Score % Score %

### C) TEST SCORES: (MANDATORY FOR ENTERING FRESHMEN ONLY)

1) Applicant's Jr. Year PSAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_

2) Applicant's Jr. Year SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_

3) Applicant's Sr. Year SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_

4) Applicant's Nat'l Merit Scholarship Qualifying Test Score: \_\_\_\_\_

5) Applicant's CEEB Achievement Test: (Please provide the two highest scores and indicate the subjects):

Subject: \_\_\_\_\_ Score: \_\_\_\_\_

Subject: \_\_\_\_\_ Score: \_\_\_\_\_

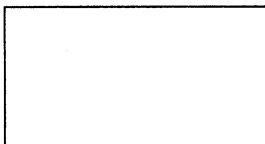
6) Applicant's ACT (American College Testing) score:

English: \_\_\_\_\_ Math: \_\_\_\_\_ Comp Score: \_\_\_\_\_

### D) CLASS RANK: (MANDATORY FOR ENTERING FRESHMEN ONLY)

Applicant's most recent class rank as a senior:

Rank In Class \_\_\_\_\_ of Size of Class \_\_\_\_\_



\_\_\_\_\_  
Signature of School Official Date

\_\_\_\_\_  
Title of School Official



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**1 TO THE APPLICANT:** Please print or type the answers below and provide this Form and the enclosed business reply envelope to an individual who has direct, personal knowledge of your personal achievements and potential. Do not include relatives.

Applicant's Name: \_\_\_\_\_  
Name of Reference: \_\_\_\_\_  
Address of Reference: \_\_\_\_\_  
Applicant's Phone: (\_\_\_\_) \_\_\_\_\_ Reference's Phone: (\_\_\_\_) \_\_\_\_\_  
Applicant's E-Mail Address: \_\_\_\_\_

## REFERENCE

**2 TO BE COMPLETED BY REFERENCE:** Please complete and return this form in the post-paid envelope provided on or before **June 1**. The information on the form will be treated with confidentiality.

1) Please give your estimate of the Applicant with respect to his or her:

- A) Intellectual Curiosity \_\_\_\_\_
- B) Industry \_\_\_\_\_
- C) Integrity \_\_\_\_\_
- D) Concern for others \_\_\_\_\_
- E) Influence on others \_\_\_\_\_
- F) Sense of humor \_\_\_\_\_

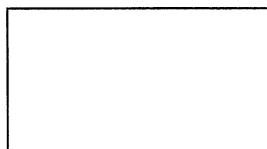
2) In light of all of the available evidence as to the **Personal Promise** of this Applicant, indicate how strongly you recommend this Applicant by checking one answer below:

Excellent (Top 10%) <input type="checkbox"/>	Good (Above Average) <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>
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3) Please comment on the reverse side on the personal qualities on the Applicant. The most valuable comments you can make are those indicating to the Awards Committee **WHAT KIND OF PERSON** the Applicant is in your view. Note any unusual capabilities or handicaps. A frank statement, we believe, will serve the best interests of the Applicant and the AAAA Scholarship Foundation.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Relation to Applicant





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Applicant's Name: \_\_\_\_\_  
Name of Reference: \_\_\_\_\_  
Address of Reference: \_\_\_\_\_  
Applicant's Phone: (\_\_\_\_) \_\_\_\_\_ Reference's Phone: (\_\_\_\_) \_\_\_\_\_  
Applicant's E-Mail Address: \_\_\_\_\_

## REFERENCE

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1) Please give your estimate of the Applicant with respect to his or her:

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- B) Industry \_\_\_\_\_
- C) Integrity \_\_\_\_\_
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- E) Influence on others \_\_\_\_\_
- F) Sense of humor \_\_\_\_\_

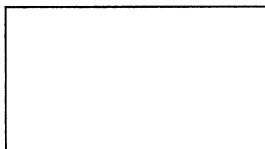
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Excellent (Top 10%) <input type="checkbox"/>	Good (Above Average) <input type="checkbox"/>	Average <input type="checkbox"/>	Below Average <input type="checkbox"/>
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3) Please comment on the reverse side on the personal qualities on the Applicant. The most valuable comments you can make are those indicating to the Awards Committee **WHAT KIND OF PERSON** the Applicant is in your view. Note any unusual capabilities or handicaps. A frank statement, we believe, will serve the best interests of the Applicant and the AAAA Scholarship Foundation.

\_\_\_\_\_  
Your Signature Date

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Relation to Applicant





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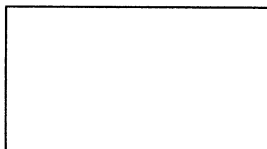
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## REMINDER

Please **DO NOT** refer to the applicant's name  
in your descriptive write-up.

## COMMENTS





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**1 TO THE APPLICANT:** Please print or type the answers below and provide this Form and the enclosed business reply envelope to the appropriate official in your School – the principal, dean, headmaster, class advisor, or guidance counselor.

Applicant's Name: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Name of School Official: \_\_\_\_\_  
Applicant's Phone: (\_\_\_\_) \_\_\_\_\_ School's Phone: (\_\_\_\_) \_\_\_\_\_  
Applicant's E-Mail Address: \_\_\_\_\_

## SCHOOL RECOMMENDATION

**2 TO THE SCHOOL:** Please complete and return this form in the post-paid envelope provided on or before **June 1**. The information on the form will be treated with confidentiality.

1) Dates of Attendance: \_\_\_\_\_  
(If the Applicant has left school, please give reasons in No. 3 below.)

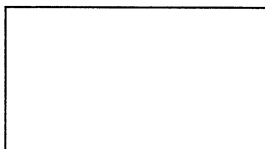
2) In light of all of the available evidence as to the **Personal Promise** of this Applicant, indicate how strongly you recommend this Applicant by checking one answer below:

Excellent (Top 10%)	Good (Above Average)	Average	Below Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Please give your estimate of the Applicant's character, intellectual promise, and industry as shown in their total school experience. Note any unusual capabilities or handicaps. A frank statement, we believe, will serve the best interests of the Applicant, the School, and the AAAA Scholarship Foundation. Please feel free to use the back of this page.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Relation to Applicant





# THE AAAA SCHOLARSHIP FOUNDATION, INC.

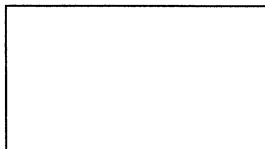
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**1 TO THE APPLICANT:** Please print or type the answers below and provide this Form and the enclosed business reply envelope to a person who has direct, personal knowledge of your overall performance as a secondary school student, as a college student if currently attending college as an undergraduate, or as a graduate student if currently attending college for graduate study.

Applicant's Name: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Name of School Official: \_\_\_\_\_  
Applicant's Phone: (\_\_\_\_) \_\_\_\_\_ School's Phone: (\_\_\_\_) \_\_\_\_\_  
Applicant's E-Mail Address: \_\_\_\_\_

## TEACHER'S REPORT ON APPLICANT

**2 TO THE SCHOOL:** Please complete and return this form in the post-paid envelope provided on or before **June 1**. The information on the form will be treated with confidentiality.

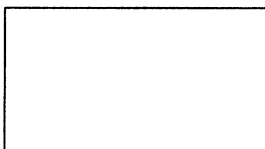
1) Please give your estimate of the Applicant with respect to his or her:

- A) Intellectual Curiosity \_\_\_\_\_
- B) Industry \_\_\_\_\_
- C) Integrity \_\_\_\_\_
- D) Concern for others \_\_\_\_\_
- E) Influence on others \_\_\_\_\_
- F) Sense of humor \_\_\_\_\_

2) In light of all of the available evidence as to the **Personal Promise** of this Applicant, indicate how strongly you recommend this Applicant by checking one answer below:

Excellent (Top 10%)	Good (Above Average)	Average	Below Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) Please comment on the reverse side on the personal qualities on the Applicant. The most valuable comments you can make are those indicating to the Awards Committee **WHAT KIND OF PERSON** the Applicant is in your view. Note any unusual capabilities or handicaps. A frank statement, we believe, will serve the best interests of the Applicant and the AAAA Scholarship Foundation.



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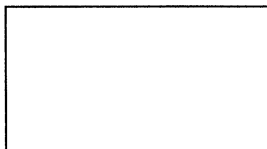
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## PHOTO TRANSMITTAL FORM

**❶ TO THE APPLICANT:** Please return a black and white or color snapshot of yourself on or before **June 1**. The size of the snapshot should be such that your head and shoulders fit within one of the frames appearing below. Do **NOT** staple the photo to this form, but place it loose inside of one of the post-paid return envelopes along with this form, and mark **"PHOTO ENCLOSED"** on the outside of the envelope. Keep in mind that the photos of the Scholarship winners will be published in **ARMY AVIATION MAGAZINE**. Please provide the highest quality photo possible. You may also send a photograph as a .jpg or .tif file to [magazine@quad-a.org](mailto:magazine@quad-a.org). Thank you for your cooperation.

**\*\*Please DO NOT send Polaroids, photocopies or computer-generated copies of photographs.\*\***

Applicant's Name: \_\_\_\_\_

