



**Organization of Black Aerospace Professionals, Inc
Scholarship and Type Rating
Application Package
2010**

Please mail completed application package to:

**The Organization of Black Aerospace Professionals, Inc
APDP – Scholarships
Attn: Roderick Price, Director
One Westbrook Corporate Center
Suite 300
Westchester, Illinois 60154**

Personal Information:

First Name _____ MI _____ Last Name _____

OBAP Member # _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

SSN# _____ Date of Birth _____ Place of Birth _____

Citizenship _____ Sex M/F _____

We ask that you complete the following optional information so as to allow us to effectively validate aviation diversity:

RACE/ETHNIC BACKGROUND: (Check one)

____ Black/African American ____ Hispanic/Latino ____ American Native/Alaskan Eskimo ____ Asian/Pacific

Islander ____ White/Caucasian ____ other (specify) _____

Have you applied for any other OBAP funds in the Year 2009-10? ____ Yes ____ No ____

Were you successful? Yes ____ No ____ If yes, date, amount awarded, name of program _____

Any FAA violations? Yes ____ No ____ if yes, please give details _____

Have you ever received a letter from the FAA regarding your certificate or any other action? Yes ____ No ____

If yes, Please explain:

Have you ever been convicted of a felony/misdemeanor? Yes ____ No ____

If yes, please explain:

Have you had any traffic violations? Yes ____ No ____

If yes, Please give place, dates, and disposition. _____

Education:

Check the highest level of education attained:

____ H. S. Diploma ____ GED ____ AA/AS Degree ____ BA/BS Degree ____ Post-Grad

Name of High School _____

Address _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Name of College/University _____

Address _____

City _____ State _____ Zip Code _____ Telephone (____) _____

Name of Flight School _____ Address _____

City _____ State _____ Zip Code _____ Telephone (____) _____

If enrolled in High School or College/University Degree Program, This section must be completed by an advisor or faculty member.

Overall GPA _____ GPA in Aviation Classes (if applicable) _____

Signature

Printed Name

Title

Phone#

Pilot Data:

Pilot Certificate# _____ Date of Issuance _____ Date of Last FAA Flight Physical _____

Class: _____ List ALL Certificates and Ratings Held: _____

List ALL Type Ratings Held:

Type of Scholarship or Type Rating you are applying for:

___ General Scholarship

___ Captain Edward L. Horne, Jr. Scholarship

___ Delta Air Lines Type Rating Scholarship

___ Wings Financial Credit Union Scholarship

___ The Duane "Tony" Moorer Scholarship

___ United Parcel Service (UPS) 757 Type rating

___ US Airways Type Rating Scholarship

___ Other (specify) _____

If applying for Scholarship please indicate the program you will apply the funds to:

___ Private Pilot

___ Instrument Rating

___ Commercial Single/Multi Engine Rating

___ Certified Flight Instructor/Instrument/ Multi Engine

Rating

___ ATP Rating

___ Flight Engineer Rating

___ Aircraft Dispatcher Course 4 Weeks

___ Aircraft Dispatcher Course 6 Weeks

Employment History: *(please provide 5 yrs of employment use additional sheets)*

Current Employer: _____ Supervisor: _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Position/Title _____ Date of Hire _____

Reason for Leaving _____

Previous Employer: _____ Supervisor: _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Position/Title _____ Dates _____ Reason for Leaving _____

Previous Employer: _____ Supervisor: _____ Telephone (____) _____

Address _____ City _____ State _____ Zip _____

Position/Title _____ Dates _____ Reason for leaving _____

Military Service:

Branch _____ Rank _____ Years of Service _____

Honorable Discharge Yes ___ No ___

References:

Name _____ Telephone (____) _____ E-mail _____

Name _____ Telephone (____) _____ E-mail _____

PLEASE READ CAREFULLY BEFORE SIGNING:

The Organization of Black Aerospace Professionals, Inc. reserves the right to contact any and all persons listed as references on this application. In addition, we reserve the right to contact current and prior employers, High Schools, Colleges/Universities, aviation schools attended by the applicant, and verify all information, certifications and licenses. I authorize investigation of all data contained in this application and certify that this information is true and correct, and release all parties from liability for any damage that may result from this investigation.

Signature

Print Name

PHOTO RELEASE WAIVER

I/we give the Organization of Black Aerospace Professionals, Inc, its employees and agents the irrevocable right to use my/my child's, picture, portrait, or photograph in all forms and media and in all manners, including composite, or advertising, for publication or any other lawful purposes, and I/we waive any right to inspect or approve the finished product, including written copy, which may be created in connection therewith.

Sign Name

Print Name Date

Parents Signature *(If applicant is minor parent signature required)* Date