ORGANIZATION OF BLACK AIRLINE PILOTS

2008
OBAP SCHOLARSHIP APPLICATION

Name of Scholarship

Last Name First Name OBAP Member #

Street Address Apt. #

City State Zip Code

( ) ( )
Home Phone # Cell Phone #

E-Mail

If enrolled in High School or a 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 #**

Please mail all applications to:

OBAP NATIONAL OFFICE
ATTN: CLARENCE GRISHAM
8630 FENTON STREET - SUITE 126
SILVER SPRING, MD 20910