

Air Systems Foundation, Inc.
SCHOLARSHIP APPLICATION

Name: _____ (REQUIRED)
Social Security #: _____

Mailing Address: _____ City, Zip: _____

Best Phone # to reach you: (____) - ____ - _____ Email: _____

Are you a U.S. Citizen?: Yes ___ No ___
If no, what is your current citizenship status: _____

Name of ASI Employee Parent or Legal Guardian (only if applicable, otherwise leave blank): _____

Intended College: _____

Address: _____ City/State/Zip: _____

Date of Entry: _____ Major: _____

Current High School: _____

Address: _____ City, Zip: _____

Grade Point Average: Weighted _____ Un-Weighted _____

Please list your extracurricular activities (include supplement if necessary):

Student Activities:

Community Activities:

Athletics:

Other:

Air Systems Foundation, Inc.

What is your most important extracurricular activity, your most important contribution to it, and what has your participation in it meant to you?

How can I make a difference within my community?

Why do I deserve this scholarship?

Where do I see myself in ten years?

Your Employment History (Two Most Recent Jobs):

1.

From: _____ To: _____

Firm Name: _____ Contact: _____

Phone: () _____ - _____ Approx hrs per week: _____ Wage: _____

Job Description:

2.

From: _____ To: _____

Firm Name: _____ Contact: _____

Phone: () _____ - _____ Approx hrs per week: _____ Wage: _____

Job Description:

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(All financial data may be subject to verification)

Are you planning to work while in college?
_____ No _____ Yes _____ Part Time _____ Full Time

What is your Father/Guardian's Annual Gross Income: \$

Father/Guardian's Employer: Phone:

What is your Mother/Guardian's Annual Gross Income: \$

Mother/Guardian's Employer: Phone:

How many siblings do you have? Ages:

Including yourself, how many members of your family will be in college next year?:

If you have family members attending college, how many receive financial aid, scholarships or grants? Please be specific, include dollar amounts:

What is your annual college expense for:

Tuition: \$	Books: \$
Rent/Housing: \$	Other Living Exp: \$
TOTAL: \$	

How much of these expenses will you pay personally?

How much of these expenses do you expect your parent/guardian/relative to pay?

Are you applying for a student loan?
If yes, how much? \$

Air Systems Foundation, Inc.

Have you received or applied for any other grants/financial aid?
If yes, list below and please be specific, include dollar amounts:

Have you received or applied for any other scholarships?
If yes, list below and please be specific, include dollar amounts:

SCHOLARSHIP AGREEMENT

I UNDERSTAND THAT THE APPLICATION AND ALL ATTACHEMENTS MAY BE USED FOR THE PURPOSE OF EVALUATION OR ANY OTHER LEGAL PURPOSE INCLUDING SELECTION BY THE AIR SYSTEMS FOUNDATION, INC., SCHOLARSHIP COMMITTEE AND OR/ITS REPRESENTATIVES. I UNDERSTAND THAT THE APPLICATION AND ATTACHEMENTS WILL NOT BE RETURNED AND WILL BECOME THE SOLE PROPERTY OF THE AIR SYSTEMS FOUNDATION, INC.

SIGNED _____ **DATE** _____

MODEL/PHOTO RELEASE

In exchange for consideration received, I hereby give permission to the Air Systems Foundation, Inc., its associates and affiliates, to use my name and photographic likeness in all forms and media advertising, trade, and any other lawful purpose.

PRINT FULL NAME: _____

SIGNATURE: _____

DATE: _____

Scholarship Committee

Christine Davis, President
Air Systems Foundation Inc.

Anita Woodson
Woodson Administrative Services

Maggie Warren
Robert Warren Memorial Scholarship Fund

Archana Sathaye
Sathaye Family Foundation

Cole Davis
Stanford University Alumni