## **PWC SCHOLARSHIP PROGRAM APPLICATION**

TYPE OF SCHOLARSHIP APPLYING FO	OR (select one):			
☐ PWC member or immediate	family			
, •	an Air Traffic Control Specia Career in Aviation Scholarship			
·	·			
Name				
Address				
			Zip code	
Phone Number	Email			
Occupation and Title				
If FAA, facility name/level				
Facility address		Phone Number		
PWC Affiliation (select one):				
<ul> <li>Active Member</li> <li>Associate Member</li> <li>Student Member</li> <li>Non-Member</li> <li>Member Family</li> <li>Indicate name/relationship</li> </ul>	to PWC Member:			
Name of School				
School address				
Name and title of school official				
School official phone/email				
Current grade level	Start date	Co	mpletion date	
Tuition cost	Cost of books/	supplies		
Have you received a PWC Scholarshi	ip in the past? Y / N If yes, y	ear/amount	?	
*3 years must pass before you are e	ligible to apply again.			
requested herein. If awarded a scho	larship, I understand that I and a land a la	m required t agree that if	appraisal of my ability to complete the goal o report to the PWC General Membership f I do not participate in the above-named	
Signature			Date	

Your completed scholarship package must be emailed to the PWC Scholarship Chair and date stamped by **February 15**th.

Any questions, email PWC's Scholarship Chair, Trisha Todd, at <a href="mailto:pwcscholarships@gmail.com">pwcscholarships@gmail.com</a>