

# Community Aviation Education Application Form

Date \_\_\_\_\_

WAMA member/applicant \_\_\_\_\_

Airport/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Submit a concise statement addressing the following:**

- Aviation program/activity to be supported
- Program sponsor
- Location(s) of program activities
- Activities
- Percentage of program costs to be covered by this award
- Intended educational outcomes

Attach a training announcement or prospectus if available.

Submit to the WAMA Scholarship Committee by June 1.