

Bolivar MPA chapter

SCHOLARSHIP APPLICATION

SOAR

4469 Airport Rd

Bolivar, MO.65613

ATT: MPA

Bolivar MPA is proud to announce that a scholarship in the amount of \$800.00 will be awarded to high school seniors or juniors residing in Bolivar, Pleasant Hope, Stockton, Humansville, Buffalo, Halfway, School districts. This scholarship is to be used for aviation include flying lessons, ground school courses leading to a becoming a pilot, The scholarship is based on character, academic achievement and community involvement. The scholarship is to be used at the Bolivar airport in conjunction with the FBO run By SOAR.

Please complete and  
return the application no later than MARCH 31, 2017

1. Full Name: \_\_\_\_\_

2. Phone Number: \_\_\_\_\_

3. Mailing

Address: \_\_\_\_\_

4.

School: \_\_\_\_\_

5. Fathers

Name: \_\_\_\_\_

6. Fathers

Occupation: \_\_\_\_\_

7. Family income range: please circle

Less than \$30,000 per year

\$30,000-\$60,000 per year

\$60,000-\$90,000 per year

More than \$90,000 per year

8. Mothers Name: \_\_\_\_\_

9. Mothers

Occupation: \_\_\_\_\_

10. Number of brothers and  
sisters: \_\_\_\_\_

11. How many younger than you? \_\_\_\_\_

12. How many older than you? \_\_\_\_\_

13. How many now in college?  
: \_\_\_\_\_

14. What college or Vo-Tech do you propose to attend? \_\_\_\_\_

15. What do you plan to study? \_\_\_\_\_

16. What is your high school grade average? \_\_\_\_\_

17. What is your class rank? \_\_\_\_\_

18. How many units have you completed in high school? \_\_\_\_\_

19. List extra-curricular activities such as class officer, Church activities, 4-H club, honors, etc. Please make as complete as possible. Use additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Are you a member of any aviation organizations? \_\_\_\_\_. Please list any aviation organizations that you are a member of. \_\_\_\_\_

21. Have you ever worked any after school or summer jobs? \_\_\_\_\_, if so where and in what capacity? \_\_\_\_\_

22. List any other scholarships or aid that will be available to you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Please write a brief 500 word essay explaining why you feel that you are deserving of this scholarship.

24. Final check list: Transcript \_\_\_\_\_, ACT Score \_\_\_\_\_, Activity Sheet: \_\_\_\_\_

Failure to fully complete the application and provide the transcript, ACT score and/or family income information requested will result in your application being refused by the committee.

Your Signature      Counselor's Signature

Date:      Date: