

**Houston Air Cargo Association**

**Scholarship Application**

**Personal:**

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

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_

**Applicant Status:**

Indicate your applicant status below:

I am a college-bound high school senior: \_\_\_\_\_ I am a college undergraduate student: \_\_\_\_\_

Are you a member of HACA? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a dependent of a HACA member? No \_\_\_\_\_ Yes \_\_\_\_\_ Name: \_\_\_\_\_

**HACA Scholarship Sponsor Information:**

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of HACA Scholarship Sponsor: \_\_\_\_\_

**Student Status:**

Indicate your student status by checking the appropriate choice below:

I am a full-time graduating high school senior: \_\_\_\_\_

I am a full-time college undergraduate student: \_\_\_\_\_

I am a part-time college undergraduate student: \_\_\_\_\_

**College Information:**

If you are currently a graduating high school senior, please provide the following information:

I have been accepted for admission to: \_\_\_\_\_

My intended major/degree objective is: \_\_\_\_\_

College/University Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Any scholarship award will be mailed to the above address)

**Community Involvement / Volunteer Service:**

Indicate, below, your involvement in community involvement and/or volunteer service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History:**

Indicate, below, your employment history:

Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position/Type of Work: \_\_\_\_\_

Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position/Type of Work: \_\_\_\_\_

Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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Company: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Position/Type of Work: \_\_\_\_\_

**Testament:**

The undersigned attests to the accuracy of the information provided on this HACA scholarship application. Applicant specifically authorizes the HACA Scholarship Committee to substantiate any of the data provided herein. False statements shall be cause for immediate disqualification and cancellation of the scholarship without notice.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_