

2019/2020 Los Angeles Air Cargo Association Scholarship Application Form

(Attach additional pages as necessary)

Applicant's Name: _____

Address: _____

City/State _____

Name of LAACA Member: _____

Company _____

Phone #: _____ Email: _____

List of High Schools/colleges and dates attended:

1. _____

2. _____

3. _____

Graduation Date: _____ Cumulative Grade Point Average _____

School Activities (Past or Present), including service and social organizations, Clubs, School Publications, Sports

High Scholl Scholastic Honors

Community Activities / Organizations / Work

Where are you intending to study? What programs are you pursuing?

Names of References (Non-Family Members), i.e. teachers, coaches, youth leaders, including address and phone. Attach letters.

1. _____

2. _____

PLEASE ATTACH A 300 WORD ESSAY DESCRIBING YOUR CAREER GOALS

The above information is true and accurate. Misrepresentation will result in disqualification of the applicant.

STUDENT SIGNATURE _____ DATE _____

LAACA MEMBER SIGNATURE (if appropriate) _____ DATE _____