

Estrella WarBird Museum
SCHOLARSHIP APPLICATION

Applicant's name _____

Permanent address (No PO BOX) _____

City, State, Zip Code _____

Phone: _____ Birthdate: _____ Marital Status: _____

Currently employed? ____ Yes ____ No; SSN _____

Source and amounts of funds available for year in which scholarship is requested:

Parents \$ _____; Own income \$ _____; Scholarships \$ _____

Savings \$ _____; Spouse \$ _____; Other \$ _____ (explain)

Have you received assistant from this association before?

____ Yes ____ No Amount \$ _____

Educational institution applicant is now attending:

High School/College _____

City/State _____

Major/type of training _____ GPA _____

Academic classification (Check one)

High School senior ____ College Freshman ____ Sophomore _____

Junior ____ Senior ____ Graduate ____

Other (Specify) _____

Educational institution in which enrollment is desired:

(You must be currently attending or accepted for admission for scholarship to be granted).

Institution _____

City/State _____

Course of study _____

Degree sought _____

Expected date of completion _____

Amount of tuition/fees per semester \$ _____

Date payment must be made _____

Date semester begins _____

How did you learn of this scholarship? _____

Instructions

Applicant should complete the following items:

1. Scholarship Application
2. Scholarship Employment Record
3. Scholarship Community Service Record
4. Scholarship Personal Reference form should be provided to individual providing reference and mail by that person.

All forms should be submitted to:

**Estrella Warbirds Museum
Attn: Scholarship Ap
4251 Dry Creek Road
Paso Robles, California 93446**