



ALOA Scholarship Foundation, Inc.

An independent, educational, non-profit 501 (C)(3) tax-exempt corporation – Federal Tax ID # 75-2478220
Headquarters Office • 3500 Easy Street • Dallas, Texas 75247-6416 • 214/819-9733 • FAX 214/819-9429

SCHOLARSHIP APPLICATION

Please print or type

NAME _____ PRP/STPRP LEVEL _____ ALOA/SAVTA# _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ DOB _____ / _____ / _____

EDUCATIONAL LEVEL _____ (YEARS) DEGREE, IF ANY _____

EMPLOYER _____ SUPERVISOR'S NAME _____

WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK PHONE _____ FAX _____

EMAIL: _____ @ _____

POSITION _____ FULL TIME__ PART TIME__ TAKE HOME PAY _____ per _____

LENGTH OF TIME IN LOCKSMITHING _____ MEMBERSHIP IN TRADE ASSOCIATIONS (List by name) _____

MARITAL STATUS _____ NUMBER OF DEPENDENTS _____ HOUSEHOLD ANNUAL GROSS INCOME _____

CLASSES DESIRED _____ DATE OF CLASSES _____

ORGANIZATION SPONSORING CLASSES: ALOA _____ SAVTA _____ OTHER _____

LOCATION _____

If granted an ALOA Scholarship, will you be able to pay for your own air travel/transportation and hotel accommodations? Yes No
If no, please explain (use another sheet if necessary): _____

ALOA Scholarships are granted to selected individuals desirous of entering the locksmithing field or to selected individuals already in the locksmithing field who wish to improve their professional skills through education. The ASF Selection Committee on an objective and nondiscriminatory basis will review applications. The Selection Committee shall hold all materials and information pertaining to the applicant's financial status and background in strict confidence. Applications for non-convention classes must be received 60 days prior to the date of the non-convention class desired and will be reviewed as they are submitted. Scholarships for classes at the SAVTA or ALOA convention will be awarded each year preceding the convention and must be received 90 days prior to the event requested.

Please include with this form a letter stating: your reason for applying for a scholarship, what you plan to do with the knowledge you obtain and any other information you feel may be helpful to the Scholarship Board in making its decision. In addition, attach three letters of reference from individuals who have personal knowledge of your background and character. The letters should contain their names, addresses and phone numbers. It is helpful if at least one of these references is an ALOA or SAVTA member. All scholarship recipients will be required to provide a 3" x 5" photograph.

APPLICATION CHECKLIST

Only complete applications will be considered for scholarships. An application is considered incomplete unless ALL of the requested information is received before the deadline: 90 days for SAVTA and ALOA convention OR 60 days prior to the non-convention classes. Please send this application after checking off each of the items below.

- ___ I have filled in each blank on this form.
- ___ I have written and enclosed a letter explaining my reason for applying.
- ___ I have enclosed three letters of reference.
- ___ I am submitting 90 days prior to the SAVTA or ALOA convention classes OR 60 days prior to the date of another scheduled ACE class or seminar.
- ___ I have enclosed a 3" x 5" photograph.

CERTIFICATION OF APPLICANT

I certify that the information contained herein, and all supplemental forms are complete and correct to the best of my knowledge. I further certify that if I am selected as a scholarship recipient I will use the knowledge gained for the improvement, development and advancement of the locksmithing profession. Also, if asked by an authorized ASF official, I agree to give proof of the information that I have given on this application. I also understand that this proof may include copies of my previous year's Federal Tax Return. I also understand that if no proof is given when requested, I may not receive an ALOA Scholarship Award. I understand that this application is valid only for the event/class specified and is not transferable.

Signature _____ Date _____

Please send all completed applications to The ALOA Scholarship Foundation at the address at the top of the page.