



SWAPA SCHOLARSHIP FUND
APPLICATION

For dependents of disabled and deceased SWAPA pilots
and SWAPA employees

APPLICATION DEADLINE: Completed applications No later than April 30th with a recent photo, official transcript and SAT or ACT test scores attached. Please mail to Southwest Airlines Pilots Association, 1450 Empire Central, Suite 737, Dallas, TX 75247. ATTN: Debi Shields

All pages of this application must be completed by the scholarship applicant. Please type or print the information. You may attach extra sheets if you need additional space for your answers. Photos, applications, test scores and copies of any other information you would like to present will not be returned.

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Birth Date _____

Street Address _____

City _____ State _____ Zip _____

Your phone number _____ **Email Address:** _____

Name of SWAPA pilot or employee _____ Employee # _____

Is this your first application for this scholarship? YES ___ NO ___

Have you applied for this scholarship in prior years? YES ___ NO ___ Which yr. _____

High School attended _____

Mailing Address _____

Name of counselor _____ Phone number _____

Class rank _____ High School graduation date _____

ACT or SAT score _____

College/University or Trade School attended _____

Mailing Address _____

Area of Study _____

If you are already attending a college or university, how many hours have you completed? _____ What is your GPA? _____

Scholarship checks are mailed directly to the college or university. We must have the following information in order to issue the scholarship check:

Name of College or University _____

Complete mailing address _____

Phone Number _____

Are you currently attending this college or university? YES NO

Have you been accepted to this college or university? YES NO

If you are waiting to be accepted or have not made a decision on which college or university to attend, please write a brief explanation to include estimated date of acceptance or decision. _____

Please state your career goals and objectives. _____

Please describe any special recognition you have received for outstanding work, academic honors, community service, etc.

In what organizations are you active, or have been active (school clubs, community activities, church groups, music, athletics, scouts, etc.)

ORGANIZATION	Years of service	Positions held
_____	_____	_____
_____	_____	_____
_____	_____	_____

What are your hobbies? _____

How have you spent your summer vacations? _____

Please list your work experience, including summer jobs _____

Have you applied for or have you been awarded any other scholarships? YES NO
Explain _____

Total dollar amount granted? _____

Please detail your expected expenses for one semester

Tuition \$ _____

Room and Board \$ _____

Books \$ _____

Other \$ _____ explain _____

How will you pay for your school expenses, other than this scholarship? _____

Provide name and phone number of at least two people (outside of family members) who can attest to your character;

Name _____ Phone # _____

Name _____ Phone # _____

Please attach a type written essay explaining what unique qualities you posses that set you apart from the crowd.

I certify that all of the statements presented by me on this application are true.

Signature _____ Date _____

DID YOU ATTACH YOUR MOST CURRENT OFFICIAL TRANSCRIPT, COPY OF SAT OR ACT SCORES , RECENT PHOTOGRAPH OF YOURSELF AND ANY OTHER INFORMATION YOU WOULD LIKE TO PRESENT

If you have any questions please call Debi Shields, Scholarship Fund Administrator, at the SWAPA offices, 1-800-969-7972, ext. 4234.