



Missouri State Aviation Council &
Missouri Airport Managers Association
PO Box 681118
Kansas City, MO 64168

Bob Stuart Memorial Scholarship Application
(Application must be filled out completely)
(Applications will be accepted between January 15 – February 15)

Type or Print Clearly

General Information

Full Name of Applicant: _____

Home Address: _____ City: _____ State: _____ Zip: _____

College/Other Address: _____ City: _____ State: _____ Zip: _____

Telephone (home): _____ (school): _____

Date of Birth: _____ Gender: M F

MoSAC and MAMA jointly award a scholarship annually to applicants who are enrolled or are planning to enroll in an aviation-related curriculum at a U.S. college or university. Awards will be made to residents of Missouri and citizens of the U.S. without regard to gender, race, religion or national origin.

Academic Information

Name of educational institution: _____

Complete school address: _____

Type of Program Seeking:

Certificate Associate Bachelor Masters Doctoral

Current Standing (indicate year completed)

High School College Freshman
 College Sophomore College Junior or Other _____

Curriculum Hours Completed: _____ Expected Date of Graduation: _____

Area of Study (Major): _____ Current GPA: _____

List Notable Scholastic/Career Honors: _____

List Hobbies and related interests: _____

“Why I Wish to Pursue a Career in Aviation” Essay

Write a 300 word essay (typed, double- spaced) on why you wish to pursue a career in aviation.
(Attach additional sheets.)

Scholarship Data

To be eligible for the Bob Stuart Memorial Scholarship you must:

1. Submit a completed application form.
2. Provide an official transcript of all academic work, high school and college (if applicable)
3. Provide a typewritten essay describing your sincere interest in an aviation career.
4. Provide a letter of reference.
5. Be a Missouri resident and U.S citizen attending or planning to attend an accredited college, university or trade school full –time within the United States at the time of application.
6. Have a 2.5 GPA or higher.

Before submitting, check off items to be included with this application:

- Official Transcripts
- Reference Letter
- “Career in Aviation” Essay

I certify that the information provided is true and complete. I understand that false or incomplete information may result in forfeiture of eligibility or scholarship, if selected.

Signature: _____

Date: _____

**Return complete application and supporting material by February 15, to
Missouri State Aviation Council &
Missouri Airport Managers Association
PO Box 681118
Kansas City, MO 64150**

Form may be reproduced locally.

Recipients only will be contacted by mid-March regarding the details of their scholarship.
Recipients may be asked to submit a headshot photo for scholarship announcement in publications.
Scholarship checks are sent to the schools by mid-May and are to be used for tuition and lab fees for that upcoming school year.

This \$1,000 minimum scholarship is not based on an endowment and sometimes is not awarded.

**Farm Mutual Insurance
Of St Francois County
1109A Ste Genevieve Ave
Farmington, MO 63640**

Application for \$500 Scholarship

Name of Student _____

Date of Birth _____ Social Security No. _____ Phone No. _____

Address _____

Father's Name _____

Mother's Name _____

Total annual income of Father and Mother combined:

_____ Under \$20,000 _____ \$20,000 - \$40,000 _____ \$40,000 - \$60,000 _____ Over \$60,000

What percentage of your College Education will be provided by the following:

Parents _____ % Part-time Job _____ % Loans _____ % A+ Scholarship _____ %

List any other Scholarships or Awards you have received _____

Name of attending High School _____

GPA _____ Rank in Class _____ ACT or SAT Scores _____

What professional or business career do you plan to pursue _____

If you have selected the College or Vocational School you plan to attend please list _____

List Organizations or Clubs you participate in _____

Honors and Awards you have earned _____

(Please continue to the Back)

Community and other activities you participate in _____

List below any positions of employment you have held while in school _____

Signature of Student _____

Signature of Parent _____

Return Form by March 1

Please return your completed application to:

**Farm Mutual Insurance
Of St Francois County
1109A Ste Genevieve Ave
Farmington, MO 63640
573-756-1510**

Please attach a copy of your High School Transcript