Members Scholarship Program

SCHOLARSHIP APPLICATION *(2) Awards: $1,000 each*

Completed applications must be received by April 1, 2026.

Name: _____

Address:_____

City:_____ **State:**_____**Zip:**_____

Daytime Telephone:_____ **Date of Birth**:_____

Evening Telephone:_____ **Email:**_____

Graduation Date: High School:_____ College: _____

Cumulative GPA: High School:_____ College: _____

APPLICATION INFORMATION

1. Applicant must be an AEA member or a child, grandchild, or dependent of an AEA member (AEA members include all regular, associate, academic and international members of AEA).
2. Must be at least a high school senior or high school graduate.
3. Scholarship must be applied to tuition costs only during 2025-2026 academic year.
4. Must plan to pursue a degree at an accredited U.S. post secondary institution or international equivalent.
5. Must have a minimum grade point average of at least 2.5 (based on a 4.0 grade point scale).

APPLICATION PROCEDURE

1. Write an essay of not more than 300 words explaining your talents, abilities and/or experience related to your academic major and career goal. Specify the college you plan to attend and the major you are pursuing.
2. Send official transcript of high school or college grades (as applicable). High school transcripts must indicate class rank/class size and test scores. Official copies of transcripts are acceptable.
3. Include a dated, signed letter of recommendation (use form included and have it completed by a teacher or counselor from the high school or college you currently attend). Must be someone familiar with your work.

AEA MEMBERSHIP VERIFICATON

AEA Member Company:_____

Address:_____ City:_____State:_____Zip: _____

Employee's Name: _____Employee's Position in Company:_____

Employee's Relationship to Applicant:_____ Employee Phone: _____

Return Application to AEA by April 1, 2026

Mail application to: AEA Scholarships, 3570 NE Ralph Powell Rd., Lee's Summit, MO 64064
Email to: info@aea.net

TEACHER/ COUNSELOR RECOMMENDATION FORM
for MEMBERS SCHOLARSHIP PROGRAM

Aircraft Electronics Association Educational Foundation Scholarship Application

Student Name _____

This student is applying for an AEA Educational Foundation scholarship. Please provide your views on the student as a person, as well as an evaluation of his/her competency in your class.

ACADEMIC	Below Average	Average	Good	Excellent	Exceptional
Class Behavior					
Attendance					
Performance					
Aptitude					
Ability to Follow Instructions					
Completion of Assignments					
PERSONAL					
Responsibility					
Motivation					
Cooperation					
Initiative					
Consideration of Others					

Your comments on this student. Please respond with specifics if you checked any item below average or exceptional.

_____

_____

_____

_____

Please recount an incident that would provide your insight into this student's character, personality and values. Use an additional sheet if necessary.

_____

_____

_____

_____

Course grade in your class _____ How many months did you have this person as a student?_____

Teacher/Counselor Signature _____ Subject _____ Date _____

Name of School _____ Address _____

Phone # _____

Responses are considered confidential

AEA Educational Foundation