



## **Gene Baker Memorial Scholarship**

### **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 VERIFICATION**

**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](mailto: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.

|                                | Below Average | Average | Good | Excellent | Exceptional |
|--------------------------------|---------------|---------|------|-----------|-------------|
| <b>ACADEMIC</b>                |               |         |      |           |             |
| Class Behavior                 |               |         |      |           |             |
| Attendance                     |               |         |      |           |             |
| Performance                    |               |         |      |           |             |
| Aptitude                       |               |         |      |           |             |
| Ability to Follow Instructions |               |         |      |           |             |
| Completion of Assignments      |               |         |      |           |             |
| <b>PERSONAL</b>                |               |         |      |           |             |
| 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

