

AVIATION SCHOLARSHIP APPLICATION FORM



INSTRUCTIONS

- Please **read the instructions carefully** before completing the application form.
- Please indicate 'N/A' where the information requested in a section is not applicable to your situation.
- Answer all questions, incomplete applications will not be processed.
- Completed application forms and all supporting documents listed in the **Conditions of Award Document** on the website should be submitted to the e-mail address: aaj_aviation_scholarship@aaj.com.jm, on or before **October 8, 2025 @ 11:59am**.
- Late submissions will not be considered. Submissions without all supporting documents will not be considered

SECTION A – BIOGRAPHIC PROFILE

BIOGRAPHIC PROFILE

1. School ID #:		2. TRN :	
3a. Title	3b. Last Name/Surname	3c. First Name	3d. Middle Name(s)
4. Date of Birth dd / mm / yyyy		5. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	6. Marital Status
7. Country of Birth		8. Nationality	
9. Are you a dependent of an Airports Authority of Jamaica staff member? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. Employment Status	11a. Employer Name (Company)	11b. Supervisor	
12. Employer's Address			
13. Employer's Telephone _____		14. Employer's E-mail Address _____	

CONTACT INFORMATION

15. Permanent Address Apt./Street/P.O. Box _____			16. Mailing Address (if different from permanent address - provide full details) Apt./Street/P.O. Box _____		
City/Town	Country	Home Phone	City/Town	Parish	Country
17. E-mail Address		18. Mobile Phone #	19. Contact #1		20. Contact #2

NEXT OF KIN INFORMATION

21. Mother <input type="checkbox"/> Stepmother <input type="checkbox"/>		28. Father <input type="checkbox"/> Stepfather <input type="checkbox"/>	
22. Name		29. Name	
22. .Address _____		30. .Address _____	
23. Telephone (W)		31. Telephone (W)	
24. Telephone (H)		32. Telephone (H)	
25. Occupation		33. Occupation	
26. Employer		34. Employer	

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27. Salary \$_____	54. Salary \$_____
Weekly - [] Fortnightly - [] Monthly - [] Annually - []	Weekly - [] Fortnightly - [] Monthly - [] Annually - []

SECTION B - ACADEMIC HISTORY

HIGH SCHOOL ATTENDED _____

PERIOD OF ATTENDANCE _____

CSEC SUBJECTS	YEAR	GRADE ACHIEVED

CAPE SUBJECTS	YEAR	GRADE ACHIEVED

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HIGHER EDUCATION (UNIVERSITY/COLLEGE/Aviation Training Institution)

Name & Location of institution _____

Last Programme of study (if applicable) _____

Current Programme of Study/Interest _____

Year of Entry _____ Expected Year of Completion _____

Grade Point Average (GPA)	Academic Year

SECTION C - SOCIAL INVOLVEMENT (Church & Community Organisations)

Please indicate the Co-curricular activities in which you are involved:

Name of Organisation/Group	Position Held	Duration (start & end date)
Position Held	Employer	Dates

SECTION D - AWARDS & SCHOLARSHIPS

List any awards and scholarships you have received.

AWARD/SCHOLARSHIP	DATE RECEIVED

SECTION E - CAREER AND LIFETIME GOALS

1. Please explain why you have chosen the field of study in aviation you are interested in pursuing.

2. Describe one problem in the aviation industry and how you would address same:

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3. State how this scholarship will benefit you. The answer should also include your financial situation:

4. State your career goals and the contribution you intend to make towards the development of your community or country?

5. What makes you the most suitable candidate for this award?

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SECTION F - BACKGROUND INFORMATION

Please list the name and address of your parent (s), guardian(s) or next of kin:

Name & Address	Relationship	Telephone Contact

Please list the name and address of two (2) references:

Name and Address	Relationship	Telephone Contact

DECLARATION: I hereby certify that the information given in this document is complete and accurate to the best of my knowledge. I understand that, if I am selected as an award recipient, I will comply with the regulations and conditions governing this award. I understand that any false information given disqualifies me from this and any future award by the Airports Authority of Jamaica. I also understand that submission of this application in no way guarantees that I will be a recipient of the award. I understand that my application will not be considered if it is incomplete, the qualifications are not met and if the submission is made after the deadline.

Name

Signature

Date

SECTION G - AREA OF INTEREST FOR AVIATION TRAINING

Select only one (1) of the following areas of interest for aviation training:

- Pilot/flight Training
 - a. Private Pilot License (PPL) Training _____
 - b. Commercial Pilot License (CPL) Training _____
- Airport Management and Operations Training _____
- Aircraft Maintenance _____

FOR OFFICIAL USE ONLY

Approval:

Aviation Training Course of Study:

Aviation Training Institution:

Award Amount:

Approval Date:

Aviation Training Start Date

Aviation Training Completion Date

Additional Comments: