



## Professional Development Program Student-Member Application

print IN YOUR completed RESPONSE and submit by email or regular mail. ( \$ \_\_\_\_\_ )

PLEASE INDICATE APPLICATION CATEGORY: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP/CLASS (GROUP/CLASS SIZE: _____ )				
IF THIS APPLICATION IS IN THE GROUP/CLASS CATEGORY THEN ALL MEMBERS OF THAT GROUP/CLASS REQUESTING ASSISTANCE MUST SUBMIT INDIVIDUAL APPLICATIONS. A CONSOLIDATED ACADEMIC REFERENCE LETTER MAY SUBMITTED. SEE "ACADEMIC" SECTION 6.				
LAST NAME		FIRST NAME		
MAILING ADDRESS	APT	CITY	STATE	ZIP CODE
TELEPHONE	FAX		EMAIL ADDRESS	
CURRENT CUMULATIVE GPA:	ON A SCALE OF :		PROJECTED GRADUATION DATE: MONTH _____ YEAR _____.	
DATE OF SCC-AAAE MEMBERSHIP	NAME OF EVENT YOU INTEND ON APPLYING THIS ASSISTANCE TO			
SELECT THE TYPE OF ASSISTANCE YOUR ARE APPLYING FOR:				
<input type="checkbox"/> - ANNUAL AAAE CONFERENCE & EXHIBITION		<input type="checkbox"/> NATIONAL AAAE MEMBERSHIP DUES (PAID FOR BY SCC-AAAE DUES)		
<input type="checkbox"/> - SCC-AAAE ANNUAL CONFERENCE		<input type="checkbox"/> SCHOLASTIC SCHOLARSHIP		
<input type="checkbox"/> - AAAE F. RUSSELL HOYT NATIONAL AIRPORTS CONFERENCE		<input type="checkbox"/> INTERNSHIP SPONSOR		
		<input type="checkbox"/> OTHER		
AMOUNT OF ASSISTANCE REQUESTED: (\$3,000.00 Maximum)			\$ _____	

LIST ALL YOUR PAST SCC PDP ASSISTANCE GRANTS IF APPLICABLE:	DATES OF ATTENDANCE IF APPLICABLE:			
<input type="checkbox"/> ANNUAL AAAE CONFERENCE & EXHIBITION	<input type="checkbox"/> N/A			
<input type="checkbox"/> SCC-AAAE ANNUAL CONFERENCE	<input type="checkbox"/> N/A			
<input type="checkbox"/> AAAE F. RUSSELL HOYT NATIONAL AIRPORTS CONFERENCE	<input type="checkbox"/> N/A			
<input type="checkbox"/> AAAE NON-HUB /GA AIRPORTS CONFERENCE	<input type="checkbox"/> N/A			
<input type="checkbox"/> NATIONAL AAAE MEMBERSHIP DUES	<input type="checkbox"/> N/A			

<input type="checkbox"/> SCHOLASTIC SCHOLARSHIP	<input type="checkbox"/> N/A			
<input type="checkbox"/> INTERNSHIP SPONSOR	<input type="checkbox"/> N/A			
<input type="checkbox"/> OTHER	<input type="checkbox"/> N/A			

**EDUCATION**

NAME OF ACADEMIC INSTITUTION	DATES OF ATTENDANCE	DEGREE OBTAINED / EXPECTED DATE TO RECEIVE

1. List academic honors you have received including scholarships, fellowships and prizes, and honorary societies to which you have been elected.

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2. List extracurricular activities which you have participated in, clubs and organizations you have been a member of and indicate any offices you held.

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3. List activities and memberships in organizations outside of school.

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4. Are you a current individual member of SCC-AAAE?

Yes - Since \_\_\_\_\_ (month/year)       No ( must join SCC prior to application)

5. Please indicate how you have financed your education. Estimate the extent to which you have been self-supporting during your education. If you have worked while attending school please determine the weekly average of hours you worked.

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6. Please complete the section below by providing one personal, academic and work/professional reference.\*

**Personal**

LAST NAME		FIRST NAME		
MAILING STREET ADDRESS	APT	CITY	STATE	ZIP CODE
OCCUPATION	TELEPHONE	EMAIL ADDRESS		

**Academic \* This reference may be consolidated for Group/Class applications in letter form.**

SEE ATTACHED CONSOLIDATED REFERENCE LETTER

LAST NAME		FIRST NAME		
MAILING STREET ADDRESS	APT	CITY	STATE	ZIP CODE
OCCUPATION	TELEPHONE	EMAIL ADDRESS		

**Work/Professional**

LAST NAME		FIRST NAME		
MAILING STREET ADDRESS	APT	CITY	STATE	ZIP CODE
OCCUPATION	TELEPHONE	EMAIL ADDRESS		

7. If you are selected for this assistance, you will be required to write a one page report within 30 days on the benefits of the event or academic course. Is this acceptable as a condition of receiving assistance?  
 Yes       No

**Please attach the following:**

1. An autobiography - not to exceed one page.
2. A statement of your interest in aviation and airport management - not to exceed one page.
3. Most recent copy of academic transcript – does not have to be official.

**Applicant’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructions:** You must be an individual member of South Central Chapter (SCC) of the AAAE, a student of an airport/aviation management program (Junior/Senior standing) at a major/accredited College or University, with a grade point average of 2.8 or higher when applying. Reimbursements will be awarded to students/members upon confirmation, by receipt, of successful program accomplishment or conference attendance. If this application is for a Group/Class the academic reference may be submitted in letter form providing it contains all applicant names. The information presented on this application will determine your eligibility for this assistance and will also be used as a basis for your ranking. For this reason, it is important that you answer all questions completely and attach your autobiography and your statement of interest in the event. You may attach a resume or any additional information you believe is pertinent. If you need additional room to respond, please attach a sheet that includes a reference to the question you are responding to. All applications should be received no later than “45 days” prior to the program package registration/deadline date for processing and review.

If you have any questions please contact Jerry D. Watson at 512.530.5539 or by emailing [jerry.watson@ci.austin.tx.us](mailto:jerry.watson@ci.austin.tx.us). Applications must be received at the following address by the deadline date indicated for the program package applied for.

**Jerry D Watson A.A.E., ACE  
 Professional Development Committee  
 Austin-Bergstrom International Airport  
 Department of Aviation  
 3600 Presidential Blvd., Suite 411  
 Austin, TX 78719  
[jerry.watson@austintexas.gov](mailto:jerry.watson@austintexas.gov)**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

FOR PROFESSIONAL DEVELOPMENT COMMITTEE USE ONLY		
DATE RECEIVED	RANK  <input type="checkbox"/> INTERNET APPROVED	COMMITTEE MEMBERS NAME
COMMENTS/NOTICE SENT		