



# Virginia Airport Operators Council

John R. Lillard

Aviation Scholarship Program Application

Award Amount: \$3,000.00

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## Applicant Information:

Name: \_\_\_\_\_ Home Phone: (        ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## High School Information:

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (        ) \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

## High School Certification:

As verified by the attached high school grade transcript, I hereby certify that the above named student has maintained at least a 3.50 GPA in all completed courses to date.

\_\_\_\_\_  
Name and Title of High School Official (Typed or Printed)

\_\_\_\_\_  
Signature and Date

## Post Secondary Acceptance Certification:

As verified by enclosed documentation, I hereby certify that the above named student is enrolled in or accepted for enrollment in the

\_\_\_\_\_ program at \_\_\_\_\_  
(Accredited institution)

\_\_\_\_\_  
Name and Title of High School Official (Typed or Printed)

\_\_\_\_\_  
Signature and Date

I \_\_\_\_\_ verify that all information listed above is correct.  
Applicant name (printed)

\_\_\_\_\_  
Signature and Date

Mail application and attachments to:  
VAOC Lillard Scholarship  
Attn: Betty Wilson  
5702 Gulfstream Road  
Richmond, VA 23250-2422