## NORTHEAST CHAPTER INTERNSHIP GRANT GUIDELINES & APPLICATION

Applicant shall type application and submit it to NEC/AAAE, 230 Washington Ave Ext. Suite 101, Albany, NY 12203.

Two \$1,000 Grants may be awarded a year. Hands-on experience in an airport environment complements the Airport Management Student's educational experience. Internships are usually for three months but may be extended, on the mutual agreement of the airport and intern. Interns will be exposed to specific areas of airport administration on varying levels at an airport in good standing with the Chapter.

ELIGIBILITY: Students aspiring to a career in airport management or recent graduates wishing to gain experience in airport management. Limited to any student who is a member of NEC/AAAE.

## **APPLICANT INFORMATION**

FULL NAME			
ADDRESS	CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS		
A A E or Executive Candidate? $\Box$ Yes $\Box$ No			

#### **DESCRIPTION OF INTERNSHIP PROGRAM** (Attach additional sheets if necessary)

Objectives, duties of intern, who they will work with, etc.

# **EDUCATION**

HIGH SCHOOL	YEAR GRADUATED	OTHER COLLEGE, GRADUATE, OR TECHNICAL SCHOOLS	YEAR GRADUATED
COLLEGE	YEAR GRADUATED	DEGREE/MAJOR	SEMESTER HOURS COMPLETED
DEGREE/MAJOR	SEMESTER HOURS COMPLETED		

WORK EXPERIENCE (If employed by an airport, please indicate what category airport)

CURRENT EMPLOYER	SUPERVISOR	PREVIOUS EMPLOYER	SUPERVISOR
ADDRESS	PHONE #	ADDRESS	PHONE #
JOB TITLE		JOB TITLE Describe your work:	
Describe your work:		Describe your work:	
2			

## **NEC/AAAE OR NATIONAL AAAE PARTICIPATION**



Are you a member of the NEC/AAAE? □ Yes □ No

Other NEC/AAAE or National AAAE Conferences or schools attended:

What NEC/AAAE activities do you now participate in or have participated in?

Have you previously <u>applied</u> for a NEC/AAAE grant?  $\Box$  Yes  $\Box$  No If yes, what grant and when?

Have you previously been awarded a NEC/AAAE grant? □ Yes □ No If yes, what grant and when?

In addition to our grant application, please submit the following:

AIRPORT CONTACT				
ADDRESS	CIT	ГҮ	STATE	ZIP
PHONE #	EMA	AIL ADDRESS		
INTERNSHIP PERIOD	HOURS PER WEEK	UNDS BEING PROVIDED BY AIRPOR Γ		

### **APPLICANT'S STATEMENT** (Attach additional sheets if necessary)

In what way do you think you will benefit from being a recipient of this grant?

I hereby acknowledge	that all the information provided in this application
is accurate to the best	of my knowledge.

APPLICANT'S SIGNATURE

DATE

All information on this form is subject to verification by the NEC/AAAE; however, this information is kept confidential for use in the grant selection process only. Failure to provide the requested information may disqualify the applicant.

This RELEASE must be signed and witnessed for those applying for all Grants.

The selected candidate agrees, as a prior condition to the acceptance of the NEC/AAAE award, to release the (Official name of airport, if an airport employee) and the NEC/AAAE from any liability claims that might arise from the acceptance of this Award.

APPLICANT'S SIGNATURE

DATE

DATE

APPLICANT'S PRINTED NAME

WITNESS' PRINTED NAME

WITNESS' SIGNATURE