



The Ninety-Nines, Inc.

International Organization of Women Pilots
South Central Section – Colorado Chapter



FUTURE WOMAN PILOT SCHOLARSHIP APPLICATION FORM – 2009

<http://www.colorado99s.org/scholarship.htm>

Name _____
Last First MI

Address _____
Street
City, State ZIP

Phone (_____) _____

Email _____

Date of Birth _____
Month Day Year

Are you currently employed? ____ Yes ____ No

Please list name of current or, if not currently employed, last employment.

Employer Name Job Title

Employer Address

Are you currently attending school? ____ Yes ____ No

Please list name of current or, if not currently attending school, last school attended.

School Name Degree Major or Specialization

School Address Highest Grade/Year Attended

Current 3rd Class Medical/Student Pilot Certificate. Date _____ **Attach copy**

Solo Date _____ *
Month Day Year

Name of flight school, FBO or qualified instructor you will use to obtain your Private Pilot certificate. _____

Street Address

City, State

ZIP

List cross countries completed, if any, and attach copy of log book entries.

Total flight time in the last 60 days _____* Total flight hours logged _____*

Have you applied for another aviation scholarship this year? _____ Yes _____ No

If yes, please identify the award and award status. _____

** Attach copies of log book entries with each milestone highlighted.*

Be sure to include all necessary paperwork as advised in the General Information section on what should be included in the application packet.

DECLARATION and AGREEMENTS

I understand this scholarship is only to be used to complete/obtain my Private Pilot certificate. I understand the funds from this scholarship can be used to cover training received up to and including May 31, 2010. In addition, if I obtain my Private Pilot certificate prior to using the entire scholarship, the remaining funds will not be disbursed. Scholarship funds will be disbursed upon receipt of properly executed Request for Payment of Future Female Flyer Scholarship award forms (sent to award recipient only). A check will then be made to the applicant.

I certify that all information in this application is true and correct.

Applicant Signature

Date

If applicant is under the age of 18, a legal guardian must also sign:

Legal Guardian

Date

DISCLAIMER

Neither the Colorado Chapter of the Ninety-Nines, Inc., the South Central Section of the Ninety-Nines, Inc., and the Ninety-Nines, Inc., nor their members, agents, or representatives are responsible for the quality of any training received with this scholarship, nor for any accident, incident or any other event which may occur while I am performing flight training or activities relating thereto, and I agree to hold harmless said entities.

Applicant Signature

Date

If applicant is under the age of 18, a legal guardian must also sign:

Legal Guardian

Date