



Colorado Ninety-Nines



2023 FUTURE WOMAN PILOT SCHOLARSHIP APPLICATION FORM

Name: _____
Last First MI

Address: _____
Street

City, State Zip

Phone: _____ Email: _____

Date of birth: _____ Currently employed? Yes No

Current or last employer: _____
Employer Name, Job Title

Employer Address

Highest grade/year attended: _____ Currently attending school? Yes No

Current or last school attended: _____
School Name Degree Major or Specialization

School Address

Current medical/student pilot certificate? Yes No Date: _____

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

**Attach copies of logbook entries with each milestone highlighted.*



Ninety-Nines

Inspiring Women Pilots
Since 1929

Colorado Ninety-Nines

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Name of flight school, FBO, or qualified instructor you will use to obtain your primary pilot certificate:

Street Address City, State ZIP

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

If yes, describe the award and award status: _____

Assemble a complete application package and submit as directed on the INSTRUCTIONS page
(<https://www.colorado99s.org/scholarships>)

DECLARATION and AGREEMENTS

I understand this scholarship is only to be used to complete my primary (very first) pilot certificate. I understand the funds from this scholarship are to be used for flight training only, received up to and including May 31, 2024. I understand that scholarship funds are disbursed directly to my flight training institution. If I obtain my primary pilot certificate or quit flight training before using the entire scholarship, the unused funds are to be returned to the Colorado Ninety-Nines. 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.; or 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*