



# **Colorado Ninety-Nines**

## **2025 FUTURE WOMAN PILOT SCHOLARSHIP APPLICATION FORM**



Eligibility Requirements – Each applicant must:

1. Be female
2. Reside in and undergo flight instruction in Colorado
3. Demonstrate a need for financial assistance to complete her pilot certificate
4. Meet the following flight training requirements at the time of application:
  - Pursuing her primary (first ever) pilot certificate —Recreational Pilot , Sport Pilot , or Private Pilot; may be in any aircraft type appropriate to the certificate sought —airplane , glider , hot air balloon, etc.
  - Completed her solo in an aircraft type appropriate to the primary pilot certificate sought.
  - Logged at least 10 hours of flight time (dual and/or solo).
  - If required for the certificate being sought, have a current, valid medical certificate.

Application Deadline – Must be received by April 30, 2025.

Complete Application Packet – Each application must include the following documents combined into a single PDF file:

1. Completed application (<https://colorado99s.org/scholarships>)
2. Copies of the following:
  - Student pilot certificate (both sides), driver's license (both sides) and medical certificate
  - Logbook entries documenting 10 hours flight time, solo, flight time in last 60 days, total flight hours logged, cross-country flights (if any), and all instructor endorsements
3. Letter from applicant describing her financial need and aviation goals (less than 200 words)
4. Letter of recommendation from flight instructor (less than 100 words)
5. Please name the pdf as follows: lastname\_FWP2025.pdf

Notification – All applicants are notified via email and/or phone by May 15, 2025

Award – The winning applicant(s) receives:

- \$5,000 to be used toward flight training

Submit – Completed application package by email to [scholarship@colorado99s.org](mailto:scholarship@colorado99s.org)



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## 2025 FUTURE WOMAN PILOT SCHOLARSHIP APPLICATION FORM



### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Employment Information

Currently Employed? Yes No

Name of current or last employer: \_\_\_\_\_

Job title at current or last employer: \_\_\_\_\_

Employer street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Education Information

Highest education level: \_\_\_\_\_ Last year attended: \_\_\_\_\_

School major or specialty: \_\_\_\_\_

School street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Pilot Information

Medical class: \_\_\_\_\_ Date Received: \_\_\_\_\_

Student pilot certificate date: \_\_\_\_\_

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

Solo date: \_\_\_\_\_ Total flight time in last 60 days: \_\_\_\_\_ Total flight hours logged: \_\_\_\_\_

