



PHOENIX CHAPTER NINETY-NINES
FLIGHT TRAINING SCHOLARSHIP APPLICATION

APPLICATION DEADLINE JUNE, 15TH EACH YEAR

PLEASE PRINT CLEARLY

Date: _____

LAST NAME: _____ FIRST: _____ MIDDLE: _____

LOCAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CONTACT NUMBERS: Day (____) _____ Evening (____) _____ Cell Ph (____) _____

Email Address: _____

I am applying for (circle one): PRIVATE PILOT SCHOLARSHIP / ADVANCED RATING/TRAINING SCHOLARSHIP

Date of Birth: _____ Highest Level of Education Completed: _____

Current Occupation: _____ Current Employer: _____

Previous Occupation: _____ Previous Employer: _____

Medical Certificate: (Circle One) NONE / 3RD CLASS / 2ND CLASS / 1ST CLASS -- DATE OF ISSUE: _____

Indicate the License or Rating on which you are working toward? _____

Are you currently enrolled in Ground School? (Circle one) YES / NO Name of School: _____

Anticipated Completion Date: _____ FAA Written Exam (circle one) PENDING / PASSED / NOT REQUIRED

Are you currently taking flight lessons? (Circle one) YES / NO

Name of Flight School or Club: _____ Contact Name: _____ Phone: _____

Have you achieved your: 1st Solo Flight? YES / NO -- Solo Long Cross Country Flight? YES / NO

If applying for an ADVANCED RATING, if indicate the number of hours you have flown toward the new rating: _____

List any other scholarships that you have previously received to help fund any aviation related training: _____

How many hours have you flown in the last 6 and 12 months respectively? 6 months _____ 12 months _____

Neither the Phoenix Chapter of the Ninety-Nines, Inc., the Southwest Section of the Ninety-Nines, Inc., or their members, agents or representatives are responsible for the quality of any training received with this scholarship or for any accident, incident or any other event which may occur while the recipient of this scholarship is performing flight training or activities relating thereto, and recipient agrees to sign a hold harmless agreement in favor of said entities upon receipt of the scholarship and before any flight is made.

I declare under penalty of perjury that the information given here is true and correct and that I meet the requirements of this scholarship.

Signature: _____ Date: _____

If you are under the age of 18, please attach a written parental consent. Applicants are encouraged to submit their application in person at a scheduled Phoenix Chapter meeting held on the 2nd Wednesday of each month at Swift Aviation at Sky Harbor Airport. If unable to attend a meeting, scan and email the application along with all required copies to: Phoenix Ninety-Nines Scholarship Committee Chairman, PHX99scholarship@gmail.com. Applications MUST be received by the deadline of June 15, of each year.