

## The Colorado Ninety-Nines, Inc.

## FUTURE WOMAN PILOT SCHOLARSHIP APPLICATION FORM



Name:					
Last			First	MI	
Address:					
		Street			
		City, State Zip			
Phone:	I	Email:			
Date of birth:		Currently	employed?	□ Yes □ No	
Current or last employer:					
		Employer Name	e, Job Title		
		Employer Address			
Highest grade/year attended:		Currently atte	nding school	? □ Yes □ No	
Current or last school attended:					
	S	chool Name Degree	Major or Speci	alization	
		Schoo	l Address		
Current medical/student pilot ce	ertificate?	□ Yes □ No	Date:		
Tota	al flight				
	e in the		Total flight	١.٠	
	60 days*	es with each milestone	hours logged		



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



Inspiring Women Pilots Since 1929

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 INST (www.colorado99s.org/scholarship).	RUCTIONS page
<b>DECLARATION and AGREEMENTS</b> I understand this scholarship is only to be used to complete my primary (very first) pilot certificate. from this scholarship are to be used for flight training only, received up to and including May 31, 2 scholarship funds are disbursed directly to my flight training institution. If I obtain my primary pilo flight training before using the entire scholarship, the unused funds are to be returned to the Colorac certify that all information in this application is true and correct.	017. I understand that tertificate or quit
Applicant Signature	Date
If applicant is under the age of 18, a legal guardian must also sign:	
Legal Guardian	Date
<b>DISCLAIMER</b> Neither the Colorado Chapter of The Ninety-Nines, Inc.; the South Central Section of the Ninety-Ninety-Nines, Inc.; or their members, agents, or representatives are responsible for the quality of ar with this scholarship, nor for any accident, incident or any other event which may occur while I am training or activities relating thereto, and I agree to hold harmless said entities.	ny training received
Applicant Signature	Date
If applicant is under the age of 18, a legal guardian must also sign:	
	Date