

Mount Shasta Chapter, The Ninety-Nines Inc.

The Mount Shasta Aviation Scholarship Application Packet

Application Deadline: January 31

Criteria: Female, soloed, FAA medical certificate, resident of one the following counties, Shasta, Trinity, Siskiyou, Modoc, Tehama, Glenn or Butte.

Applicants should be planning to make aviation a vocation, or an avocation that will contribute to the 99's mission of encouraging women to enter the world of aviation.

To be eligible for the Private Pilot Scholarship applicants must:

1. Be a female student pilot that has soloed and is ready to begin cross-country training.
2. Possess a current Class III FAA Medical Certificate.
3. Be a member in good standing, and active in Mount Shasta Chapter.

Amount to be Awarded: \$2,000.00. Funding is provided for up to one year and is paid monthly directly to the flight school or instructor upon submission of invoices to the Mount Shasta 99s Treasurer.

To be eligible for the Advanced Pilot Scholarship applicants must:

1. Be a Mount Shasta 99 in good standing member of the Ninety-Nines Inc.
2. Possess a current medical certificate appropriate for the rating being sought.
3. Be a current certificated pilot.

Amount to be Awarded: \$ 2,000.00. Funding is provided for up to one year and is paid monthly directly to the flight school or instructor upon submission of invoices to the Mount Shasta 99s Treasurer.

Application packages must include the following items:

- Completed application form.
- Three letters of recommendation including: One from the applicant's flight instructor (see form at the end of the application), one from another 99, one from someone who has known the applicant for at least one year.
- Copy of Airman's Certificate(s) and/or FAA Medical Certificate.
- Personal statement (max 1,000 words). See application form for more detail.

Finalists will be notified by email and might be requested to attend a personal interview.

Winners will be notified by email no later than April 30, and will be required to abide by all scholarship rules, and attend the next chapter meeting to receive scholarship.

Email: flylady182@gmail.com

**Address: Mount Shasta 99s
PO Box 814
Palo Cedro, CA 9607**

I. TYPE OF SCHOLARSHIP

- Private Pilot Scholarship
- Advanced Pilot Scholarship

II. PERSONAL INFORMATION

Name (First, Middle, Last)		DOB (Month, Day, Year)	Place of Birth
Permanent Mailing Address Including City, State, Zip Code			
Home Phone (including area code)	Cell Phone (including area code)	Fax (if available)	Email
Airman Certificate Number		Total Flight Time	

III. AIRMAN AND MEDICAL CERTIFICATES (Please attach copies of your certificates.)

Airman Ratings	Date Obtained	Start and Finish Dates		Hrs Flown for Rating	Flight Schools/Locations
Student Pilot			N/A	N/A	
Private Pilot		N/A			
Instrument					
Commercial					
Multiengine					
CFI/CFII					
Rotorcraft					
Other					

Date and Class of current medical _____

Have you had any accidents, incidents, violations or letters of warning from the FAA? (If yes, please describe and attach separate sheet if necessary.)

Have you ever failed a written, practical or oral FAA or flight school-administered exam or checkride? (If yes, please explain. Add separate sheet if necessary.)

IV. FLIGHT EXPERIENCE

	ASEL	AMEL	Rotor	Glider	LTA	Other	Instrument	Cross Country	Night
Dual Received									N/A
PIC									
SIC									
Dual Given								N/A	N/A
Ground Trainer				N/A	N/A			N/A	N/A
Totals									

Are you the first person in your family to pursue aviation? _____

Aviation achievements/experiences/scholarships _____

V. EDUCATION AND OTHER TRAINING

Highest Degree or Level Completed	Name and Location	Dates Attended From/To	MAJOR / MINOR/GPA

Other non-aviation training or certifications completed _____

Academic honors, scholarships, awards _____

Professional/Academic Affiliations _____

VI. PERSONAL INFORMATION

Activities, hobbies, affiliations _____

VII. STATEMENT OF FINANCIAL NEED

Total household income _____

Does a family member provide free or discounted living accommodations? If yes, please explain. _____

Are you provided with free or discounted flight time or instruction? If yes, please explain. _____

Please add any additional information that will help us assess your financial need for these scholarship funds (attach additional sheet if necessary.)

VIII. PERSONAL STATEMENT (attach as separate typed sheet(s))

In 1,000 words or less write an essay about yourself. Topics to discuss should include: How your interest in aviation began, your flying experience, your aviation goals, your participation in the 99s, any other aviation-related activities you may be involved in, how you've helped others become interested in aviation, your aviation mentors. Your final paragraph should describe your aviation goals and how the Mount Shasta Scholarship will help you achieve them.

IX. ADVANCED RATING APPLICANTS ONLY: PROPOSED FLIGHT TRAINING COSTS

Rating you are seeking to obtain with this scholarship _____

Approximate hours required to complete rating _____

Proposed flight school name and location _____

Type of Flying Proposed	Proposed # of Hrs	Cost/Hour	Total Cost
Dual Hours			
Solo Hours			
Ground Training Device			
Checkride	N/A	N/A	
Totals		N/A	

**Mount Shasta 99s Scholarship Application
CFI Recommendation Form**

To be completed by your previous (or current) flight instructor, or authorized person at your present flight training school. Please type or print legibly. Use separate sheet if necessary.

Name of Applicant _____

Rating/Certificate she intends to undertake: _____

Previous courses completed under your instruction (if any): _____

Course Duration _____ Start Date _____ End Date _____

Details: _____

Use reverse side or separate sheet to record your comments about the following:

2. Briefly describe the applicant during the training process. (Conscientious, attentive, self-motivated, well prepared, prompt?)

3. Describe her participation in aviation community, related events, meetings or discussion groups. Does she assist others when they encounter problems with their flying? Is she proactive in her flying and interactions with others in the aviation community?

4. How does this applicant demonstrate her desire to pursue aviation and give back to the local aviation community rather than just advance her own personal skill level? Does her present level of competency allow her to complete the scholarship training without undue additional time or funding?

Signed _____ Flight Instructor's Name/CFI#: _____

Flight School Name/Address _____

CFI Address/Phone _____

Neither the Mount Shasta Chapter of The Ninety-Nines, Inc., the Southwest Section of the Ninety-Nines, Inc., 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 certify that all of the information in this application package is true to the best of my knowledge and I agree to abide by the rules and regulations of the above mentioned organization.

Applicant's Signature _____ **Date** _____

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