

*Mount Shasta Chapter, The Ninety- Nines Inc.*

*The Mount Shasta Aviation Scholarship  
Application Packet*

*Application Deadline:* MAY 15th 2025

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 or Light Sport 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 for Private Pilot, or California Driver's License for Light Sport
3. Be a member of Ninety-Nines, Inc. in good standing for at least 1-year, and an active Chapter participant.

*Amount to be Awarded:* PENDING. 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 an active Chapter participant in good standing, and a member of the Ninety-Nines Inc. for at least 1-year
2. Possess a current medical certificate appropriate for the rating being sought.
3. Be a current certificated pilot.

*Amount to be Awarded:* \$2,000. Funding for either scholarship category 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. If the scholarship winner has paid for flight training expenses out-of-pocket, she may be reimbursed directly upon submission of paid invoices to the Mount Shasta 99s Treasurer.

**Note: Number of scholarships awarded is dependent on available funding from within the Mount Shasta 99s Chapter. At least one scholarship will be awarded for 2024.**

*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, or CA Driver's License for Light Sport.
- ☐ 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 March 15th, and will be required to abide by all scholarship rules, and attend the next chapter meeting to receive scholarship.

**Email:** [leroselane@gmail.com](mailto:leroselane@gmail.com)

**Address:**

**Lerose Lane  
3160 Wisconsin Avenue  
Corning, CA 96021**

## 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.)

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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.)

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#### 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 STATMENT (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 pro-active 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** \_\_\_\_\_

**For Office Use Only For Office Use Only**

### **Detail of Additional Documentation Required**

1. **Personal essay.** In no more than 1000 words, address the following topics: your personal interests, general goals, career goals, and aviation goals; any special qualifications you may have to pursue these goals; what sparked your initial interest in aviation; what aviation-related activities you have participated in (including employment) that mean the most to you; how this scholarship will help you achieve your goals; any obstacles you have had to overcome to start in and continue in flying; and how you would contribute to the Ninety-Nines and to the aviation community in general.
2. **Budget Information.** Please provide a budget of anticipated expenses for the rating sought, anticipated funding to meet these expenses, and indicating whether you own or intend to rent an aircraft. The budget submitted should be signed by the flight school or independent instructor you plan to use to obtain the rating. The list of funds should include any other anticipated financial aid. If there are any special circumstances regarding your financial need, briefly list them.

### **TERMS AGREEMENT BELOW MUST BE SIGNED AND RETURNED WITH APPLICATION**

If the recipient does not complete the rating appropriate to her award within one year of the award date, her status will be reviewed. Special circumstances will be considered. Copies of her logbook shall be provided periodically upon request, along with a status report from the instructor during this year. If her progress is not acceptable, all fund paid out must be reimbursed to the Mount Shasta Ninety-Nines Aviation Scholarship fund within 60 days of that decision.

The scholarship money will be paid directly to the flight school or independent flight instructor conducting the training with the invoice and description of training (copy of last 3 pages of log book) by the Mount Shasta 99s Treasurer. Invoices must show hours flown and be signed by both the student and instructor, and must be submitted by the flight school or instructor before funds are awarded. A copy of the above listed items must be sent to Lerose Lane, and sent to Mount Shasta 99s, at P. O. Box 814, Palo Cedro, CA 96073.

If the scholarship recipient paid for her training or training related expenses out-of-pocket, she may submit copies of her paid invoices to the Mount Shasta 99s Treasurer. She may be reimbursed if the Scholarship Committee approves the invoices for flight training and/or related expenses.

Signed \_\_\_\_\_ Date \_\_\_\_\_