



FLIGHT TRAINING SCHOLARSHIP APPLICATION

Name: _____ Birthdate: _____ Gender: ____

Address: _____

Home Phone: _____ Education level Completed: ____

Cell Phone: _____ Email: _____

Future Plans (i.e. what will you do after high school):

Provide a brief statement about your interest and goals in seeking a private pilot's license (attach separate sheet if needed):

Applicants Signature: _____ **Date:** _____

Parent Signature _____ **Date:** _____

(Attach any documents you think relevant to our evaluation of the application)

Submit to: Bob Waunch - [\(360\) 317-5462](tel:3603175462) - rlwaunch@orcasonline.com

Airhawks Flying Club, PO Box 1024, Eastsound WA 98245