

*Santa Barbara Chapter, The Ninety-Nines Inc.*

## *The Joan Steinberger Aviation Scholarship Application Packet*

***Application Deadline: April 30, 2018***

The Joan Steinberger Aviation Scholarships were founded in 2000 to honor a long-time aviatrix and founding member of the Santa Barbara 99s. For over 60 years, Joan has been a mentor and role model to many women interested in flying. These scholarships were founded to honor Joan's pioneering spirit and infectious enthusiasm for aviation. There are two Joan Steinberger Scholarships: The Private Pilot Scholarship and the Advanced Pilot Scholarship. Some preference is given to candidates who can show financial need.

***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 Southwest Section 99 Future Woman Pilot (FWP) in good standing.

***Amount to be Awarded:*** \$2,500.00. 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 Santa Barbara 99s Treasurer.

***To be eligible for the Advanced Pilot Scholarship applicants must:***

1. Be a Southwest Section 99 in good standing.
2. Possess a current medical certificate appropriate for the rating being sought.
3. Be a current certificated pilot.

***Amount to be Awarded:*** \$ 2,500.00. 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 Santa Barbara 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 in Santa Barbara. Winners will be notified by email no later than May 30, 2018 and will be required to abide by all scholarship rules. The application must be sent no later than **April 30, 2018** and emailed to:

**Email: [joduffy@rain.org](mailto:joduffy@rain.org)**

## 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)	Work Phone (including area code)	Fax (if available)	Email (if available)
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. EMPLOYMENT RECORD** (List previous employment for a minimum of the last five years. List most recent first and attach a separate sheet if necessary.)

COMPANY NAME			
ADDRESS		CITY	STATE ZIP CODE
FROM	TO	SALARY	
YOUR JOB TITLE		YOUR SUPERVISOR'S NAME	
REASON FOR LEAVING			
PLEASE DESCRIBE YOUR JOB DUTIES			

COMPANY NAME			
ADDRESS		CITY	STATE ZIP CODE
FROM	TO	SALARY	
YOUR JOB TITLE		YOUR SUPERVISOR'S NAME	
REASON FOR LEAVING			
PLEASE DESCRIBE YOUR JOB DUTIES			

COMPANY NAME			
ADDRESS		CITY	STATE ZIP CODE
FROM	TO	SALARY	
YOUR JOB TITLE		YOUR SUPERVISOR'S NAME	
REASON FOR LEAVING			
PLEASE DESCRIBE YOUR JOB DUTIES			

COMPANY NAME			
ADDRESS		CITY	STATE ZIP CODE
FROM	TO	SALARY	
YOUR JOB TITLE		YOUR SUPERVISOR'S NAME	
REASON FOR LEAVING			
PLEASE DESCRIBE YOUR JOB DUTIES			

## VII. PERSONAL INFORMATION

Activities, hobbies, affiliations \_\_\_\_\_

\_\_\_\_\_

## VIII. 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.)

\_\_\_\_\_

\_\_\_\_\_

## IX. 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 JSAS Scholarship will help you achieve them.

## X. 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	

\_\_\_\_\_

\_\_\_\_\_

Neither the Santa Barbara 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**

***Joan Steinberger 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\_\_\_\_\_