

The Greater Kansas City Ninety-Nines, Inc.

Scholarship Application 2010

The Greater Kansas City Chapter of the Ninety-Nines is proud to offer flight training scholarship(s) to promote women in aviation and flight training assistance. Those who apply need to have a permanent residence within 75 NM of the Kansas City Area, be 18 years of age, soloed, and taken any applicable written exam.

Applications will be judged on sincerity of purpose, need of financial assistance, and must be in compliance with the application requirements. Application package must be postmarked **no later than October 15, 2010**. Applications not completed as specified, will not be considered.

PERSONAL INFORMATION

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

AVIATION BACKGROUND

Certificate Held: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date of Last Medical: \_\_\_\_\_

Class: \_\_\_\_\_ BFR Date: \_\_\_\_\_ Ratings or Endorsements: \_\_\_\_\_

Hours in last 90 days: \_\_\_\_\_ Student Pilot--Solo Date: \_\_\_\_\_

Total Hours	Solo Time	Dual Received	Cross Country Solo	Cross Country Dual	Instrument Time

Have you ever received a flight scholarship from any other organization? If so, list: \_\_\_\_\_

Check box for most appropriate reason applying for this scholarship:

Private Pilot  Commercial Pilot  Instrument Rating  Endorsement(s)(specify): \_\_\_\_\_

Explain why you are applying for this Scholarship and how you plan to use it. **(Please attach on a separate piece of paper).**

What other financial resources have you identified that will be needed to complete the rating or endorsement? \_\_\_\_\_

Total Hours Single Engine: \_\_\_\_\_ Total Hours Multi-engine: \_\_\_\_\_

Have you had any FAA violations or accidents? Please explain: \_\_\_\_\_

Has your medical certificate been refused or suspended for any reason? Please explain: \_\_\_\_\_

Has your license ever been revoked or suspended for any reason? Please explain: \_\_\_\_\_

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Flight Instructors--Name(s) & Phone Number(s): \_\_\_\_\_

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FBO/Flight School--Name, Location & Phone Number: \_\_\_\_\_

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Other organizations, community service or aeronautical experience: \_\_\_\_\_

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**HOLD HARMLESS AGREEMENT:**

“Neither the Greater Kansas City Chapter of the Ninety-Nines, Inc., the North Central Section of the Ninety-Nines, Inc., The Ninety-Nines, Inc., nor their members, agents or representatives, are responsible for the quality of any training received with this Scholarship, nor 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. Recipient shall sign this Hold Harmless Agreement in favor of said entities upon receipt of the Scholarship, and before any flight is made.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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**APPLICANT'S DECLARATION:**

I declare that the information I have given on this application is true and correct, and I understand that I must meet the requirements for this Scholarship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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