

The Greater Kansas City Ninety-Nines, Inc.

Scholarship Application 2011

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 must have a permanent residence within 75 NM of the Kansas City Area, be 18 years of age, soloed, and taken the appropriate written exam, if required.

Applications will be judged on sincerity of purpose, need of financial assistance, and must be in compliance with the application requirements. The application package must be postmarked **no later than October 15, 2011**. Applications not completed as specified, will not be considered.

NOTE: Scholarship information and additional submission requirements are located on the website: www.ninety-nines.org Click on 'Resource Center', then Section and Chapter Scholarships. This scholarship is listed under 'Greater Kansas City 99s'. Review 'Criteria' and 'Scholarship' for requirements.

PERSONAL INFORMATON

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	Total Hours-Single Engine	Total Hours- Multi Engine	Instrument Hours
Solo Hours	Dual Hours	Cross Country Solo Hours	Cross Country Dual Hours

Have you ever received a flight scholarship from any other organization? If so, list organization(s) & date(s)

Check the box or specify the reason you are applying for this scholarship:

Private Pilot Commercial Pilot Instrument Rating

Other (specify): _____ Endorsement(s)(specify): _____

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

What other finances will be needed to complete the rating or endorsement and what resources have you identified to fulfill this need?

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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Has your license ever been revoked or suspended for any reason?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: _____

Flight Instructors--Name(s) & Phone Number(s): _____

FBO/Flight School(s)--Name, Location & Phone Number: _____

Other organizations, community service or aeronautical experience: _____

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 _____

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 to be considered for this Scholarship.

Signature of Applicant _____ Date _____
