



## Scholarship Application

Application Date \_\_\_\_\_

Last Name	First Name	Middle Initial	Date Of Birth
Street Address		Home Phone # (w/area code)	
City	State	Zip Code	Work/Other Phone # (w/area code)

**\*Required If applicant is a legal minor:**

Name of Parent / Guardian	Name of Parent / Guardian
Address	Address
Phone	Phone

Email Address \_\_\_\_\_

Select the scholarship category for which you are applying:

- Private Pilot    
  Advanced Ratings Please specify Below (Medical and Basic Ratings Required)  
 Aircraft & Power-plant Mechanic    
  Other, Please specify request:

If Applicable, Please provide the following information:

Medical / Student Pilot or Airman Certificate Number    
 Expiration Date    
 Date of Recent Flight Review

Ratings held, if any:

<input type="checkbox"/> Private Pilot (Fixed Wing)	<input type="checkbox"/> Multi-engine	<input type="checkbox"/> Commercial
<input type="checkbox"/> Instrument	<input type="checkbox"/> CFI	<input type="checkbox"/> CFII
<input type="checkbox"/> ATP	<input type="checkbox"/> Other _____	



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Education Level Achieved: \_\_\_\_\_  
High School (specify grade) \_\_\_\_\_ Year Graduated \_\_\_\_\_  
College (specify class ie. Freshman, Sophomore, Junior, Senior, etc)  
Vocational or Technical School \_\_\_\_\_

Aviation related education (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional or aviation organization memberships or participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Pajaro Valley Aviation Academy, nor the 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 related thereto; and recipient agrees to sign a hold-harmless agreement in favor of said entities upon receipt of the scholarship and before any flight or training is made.

I hereby release the Pajaro Valley Aviation Academy and any of its affiliated organizations and / or members, / agents, / representatives now have or may hereafter have for injury or damage resulting from my participation in any activities related to this scholarship.

I agree to abide by all terms and conditions specified on this application. I declare under penalty of perjury that the information I have given there is true and correct and that I meet the eligibility requirement for the scholarship sought.

\_\_\_\_\_  
Applicant's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian \*required if Applicant is minor Date: \_\_\_\_\_

Parent or Guardian's Name (Print): \_\_\_\_\_



## Scholarship Application

### Fixed Base Operator Cost

*Instructions: Please Estimate your total cost of certificate and or rating in the below section.*

Type of Aircraft to be used for lessons. \_\_\_\_\_

Items	Cost	# of Hours	Total \$
<b>Hourly rent for aircraft (with Fuel)</b>	\$		\$
<b>Hourly rate for instructor (air)</b>	\$		\$
<b>Hourly rate for instructor (ground)</b>	\$		\$
<b>Federal Aviation Administration Written Exam</b>	\$		\$
<b>Federal Aviation Administration Check Ride</b>	\$		\$
<b>Books / Supplies</b>	\$		\$
<b>Other Costs</b>	\$		\$
<i>*Average Total Hrs is about 53</i>		<b>Total cost of certificate or rating ---&gt;</b>	\$

### Training Time Line:

Estimated starting data of lessons. \_\_\_\_\_

Estimated time spent weekly on lessons. \_\_\_\_\_

Estimated completion data of lessons. \_\_\_\_\_