



BRIGGS CHECKRIDE SCHOLARSHIPS

THIS APPLICATION AND MATERIALS FURNISHED IN SUPPORT OF THE APPLICATION WILL BE USED TO AWARD SCHOLARSHIPS WORTH UP TO \$5000 TOWARDS THE COST OF SUCCESSFULLY COMPLETING CHECKRIDES FOR THE COMMERCIAL, FLIGHT INSTRUCTOR (EXCLUDING SPORT PILOT) AND/OR AIRLINE TRANSPORT CERTIFICATE. THIS INCLUDES ANY CATEGORY OR CLASS AIRCRAFT FOR WHICH THE CERTIFICATE IS ISSUED.

Scholarship Guidelines:

- All requirements must be completed; printed legibly or typewritten.
- Open to Iowa residents and pilots training in Iowa, maximum age 54 at the time of submitting application. Applicants must have at least a private pilot certificate with instrument rating and a 2nd class or higher medical.
- Completed applications are due April 1st. Scholarships are awarded on May 1st. Checkrides must be successfully completed within 24 months of the award.
- Recipients of this Scholarship will be recognized at IAPG's Fly Iowa Air Fair, annual members' meeting, in various IAPG media announcements and in media outlets.
- Special emphasis will be placed on motivation and level of need.
- Any information deemed false or invalid will be grounds for ineligibility.

Application Instructions:

Complete the IAPG Application form.

Submit a letter to the Scholarship Committee explaining your professional aviation career goals and plans to attain them. Please limit the letter to a single page.

Submit two letters of recommendation from persons who know you and can attest to your character and ambitions in aviation, may be written using company letterhead.

Include a copy of FAA pilot certificate currently held.

Include a copy of current FAA Medical Certificate (form 8500-9).

Forward completed application and supporting documents to:

Mailing Address:	or	Email:
Scholarship Committee		Scholarship@flyiowa.org
Iowa Aviation Promotion Group		
3700 SE Convenience Blvd		
Ankeny, IA 50021		

For additional information on **Fly Iowa's Briggs Checkride Scholarships**, contact: Dick Westbrook, Scholarship@flyiowa.org



BRIGGS CHECKRIDE SCHOLARSHIPS APPLICATION

Name (incl middle initial): _____

Permanent Address: _____

City, State, Zip Code: _____

Phone: _____ Mobile: _____

E-mail address: _____

Date of Birth: _____

College? _____ Year grad? _____

Employed? ___ If yes, where? _____ How Long? _____

FAA Certifications currently held:

Are you an Iowa resident? Yes No

Are you conducting your flight training in Iowa? Yes No If Yes, provide the name and location of the flight school:

Checkride(s) planned in the two years following the award:

Your signature _____

Date _____

ATTACHMENTS LIST

Letter to the Scholarship Committee explaining your professional aviation career goals and plans to attain them.
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