"FLY IOWA CLINTON" FLIGHT TRAINING SCHOLARSHIP

Name (incl middle initial):_____

Permanent Address:_____

City, State, Zip Code:_____

Phone: _____ Mobile:_____

E-mail address: _____

Date of Birth: _____ Age: _____

Flight training status: None____ Number of Hours: _____

Pilot Certification(s) currently held (if any)_____

Your signature_____

Parent or Legal Guardian's Signature - Required if applicant is under 18 at time of applying for this scholarship. _____

Date _____

ATTACHMENTS LIST

☐ Your one-page essay describing your goals in aviation and how you plan to reach them

☐ Two letters of recommendation from persons who can attest to your character and ambitions in aviation

☐ Copy of current FAA issued Airmen Medical Certificate (form 8500-9)