# APPLICATION FOR

# THE KY BLUEGRASS SCHOLARSHIP

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## This scholarship is to assist a woman towards an ADVANCED RATING by providing $2500 towards flight training.

## The money can be used towards any advanced rating or certificate.

**I. To be eligible, you must be:**

1) a female, 2) at least 18 years old, 3) at least a Private Pilot, 4) a member of The 99s KY Bluegrass Chapter, 5) of financial need and (6) must have a desire to advance training. (The 99s KY Bluegrass Chapter includes KY and Southern IN)

**II. Each application package should include:**

❑ Completed application form

❑ Disclaimer & Commitment form, completed and signed

❑ Letter of reference

❑ Letter telling a) what certificate or rating you will use it towards, b) how you became interested in aviation, c) your reason for applying for this scholarship, d) why you need financial assistance, and e) how this training will further your career.

❑ A copy of your Pilot Certificate, Medical Certificate, and, if applicable, flight review endorsement.

❑ Any other information you think will help the scholarship committee choose you to receive this scholarship

**III. Applications are judged on your: a) demonstration of financial need, b) desire to pursue advanced ratings, c) ability to be an ambassador, representing women in aviation, d) likelihood of success at reaching your goals, and e) neatness and completeness of application package.**

**IV. Application packages will not be considered unless they are completed as specified. Application Submission and/or Shipping:**

* Electronic submission of application as a single PDF attachment to terri.donner@yahoo.com is the preferred method of transmittal.
* If submitting on paper, use 8½”x11” paper. Submit one original and 2 copies. Send in a single, trackable shipment to: **16410 Donnington Court, Louisville, KY 40245**, but waive any signature on delivery. Retain shipment tracking number and proof of mailing.

**V. Applications must be postmarked or emailed by November 30th, 2020.**

## NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## YOUR PREFERED PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DATE OF CERTIFICATES & RATINGS HELD :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## TOTAL FLIGHT HOURS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## DATE OF LATEST FLIGHT REVIEW:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## AGE:\_\_\_\_\_\_\_\_\_\_\_ BIRTHDAY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PRESENT POSITION (List employer’s Name and Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOW LONG HAVE YOU BEEN A KY BLUGRASS NINETY-NINES MEMBER?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT KY BLUEGRASS NINETY-NINES ACTIVITIES HAVE YOU PARTICIPATED IN? [I.E.GIRLS AVIATION DAY, GIRL SCOUT DAY, COMPASS ROSE MARKING, EVENTS, ETC.] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT/HOW MANY KY BLUEGRASS NINETY-NINES CHAPTER/SECTIONAL MEETINGS HAVE YOU ATTENDED IN THE PAST YEAR? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **ELIGIBILITY FOR APPLICATION FOR THE SCHOLARSHIP**

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flight Hours – SOLO $\_\_\_\_\_\_\_\_\_\_\_\_/HR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Flight Hours –DUAL $\_\_\_\_\_\_\_\_\_\_\_\_/HR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOURS – GROUND SCHOOL $\_\_\_\_\_\_\_\_\_\_\_\_/HR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CHECKRIDE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Other – Describe $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Less discount (if Applicant is an employee of the school) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## TOTAL NET COST OF INSTRUCTION:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## AIRCRAFT TO BE USED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## I have examined the credentials (certificate, logs, etc.) of the applicant and find her to be fully qualified to accomplish the following course or rating.

## FULL NAME OF COURSE OR RATING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## I hereby certify all information stated above is true and correct.

## SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DISCLAIMER AND COMMITMENT FORM

## MUST BE SIGNED

## BE IT KNOWN THAT:

## If I receive this scholarship I will use the funds within 12 consecutive months after the date of the first check.

## I understand that this Scholarship is for the sum of $2500.00 to be used ONLY for the “Rating” for which I am applying.

## I understand, also, that the funds will be paid directly to the School/instructor named above.

## I understand that I must commit to being a Ky Bluegrass Ninety-Nines member for the next 2 consecutive years.

## DISCLAIMER

## Neither the KY Bluegrass 99s, The Ninety-Nines, Inc., nor their members, agents, or representatives, are responsible for, nor are liable for, the quality of any training, incident, or any other event which may occur while the recipient of this scholarship is performing flight training or activities relating thereto. The applicant signed below agrees to this disclaimer.

## Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_