

## **APPLICATION FOR THE LONG BEACH 99s AVIATION SCHOLARSHIP**

The Long Beach 99s is a group of women pilots dedicated to:

**Promote** world fellowship through flight.

**Provide** networking and scholarship opportunities for women and aviation education in the community

**Preserve** the unique history of women in aviation

This \$1,500 scholarship is open to women training or intending to train in fixed wing or helicopters at Hawthorne, Torrance, Compton or Long Beach, working on a pilot's license, proficiency training, pilot revalidation, or further ratings. Minimum requirements are that the applicant must have soloed and have passed the written exam for a private pilot license (attach a copy of the test results) or be a licensed pilot (attach a copy of license and current medical).

The flight training scholarship will be presented by the Long Beach chapter of the Ninety-Nines and is to be used at a FAA approved flight school, flying club, or with an approved CFI. The payments will be made to the FBO, club, or flight instructor directly.

Complete all pertinent information and return application to:  
Carol Hudak, 14435 Baker St., Westminster, CA, 92683

For further information, contact:

Carol Hudak, (310)-995-5321, [carolh54@msn.com](mailto:carolh54@msn.com)

Sharon Crawford, (310) 378-6855, [captaincrawford@verizon.net](mailto:captaincrawford@verizon.net)

The final date to submit this application will be **September 30, 2010**. The scholarships will be awarded at the Long Beach 99s meeting in October, 2010. The decisions of the scholarship committee are confidential and final.

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**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE: (H)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PROFESSION:** \_\_\_\_\_ **EMPLOYER:** \_\_\_\_\_

**LAST SCHOOL ATTENDED AND LEVEL REACHED:** \_\_\_\_\_

**PILOT TRAINING:** \_\_\_\_\_ **DATE BFR:** \_\_\_\_\_

**CLASS OF MEDICAL AND DATE:** \_\_\_\_\_

**PRIVATE PILOT WRITTEN EXAM DATE (ATTACH RESULTS):** \_\_\_\_\_

**STATUS OF TRAINING AND HOURS PIC:** \_\_\_\_\_

**AIRPORTS USED:** \_\_\_\_\_

**FIXED BASE OPERATOR:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**NAME OF INSTRUCTOR:** \_\_\_\_\_ **PHONE NO:** \_\_\_\_\_

**IF A 99, CHAPTER AFFILIATION:** \_\_\_\_\_

**WRITE IN ONE PAGE OR LESS HOW THIS SCHOLARSHIP WOULD BE UTILIZED AND WHY IT WOULD BENEFIT YOU. WHY DO YOU WANT TO FLY OR WHY DO YOU WANT TO GET AN ADVANCED RATING. ADD A SHORT RESUME.**

**Neither the Long Beach Chapter of the Ninety-Nines, Inc., The Southwest 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, and recipient agrees to sign a hold harmless agreement in favor of said entities upon receipt of the scholarship and before any flight is made.**

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_