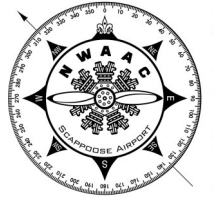




NORTHWEST ANTIQUE AIRPLANE CLUB

53835 Airport Rd.

Scappoose, Oregon 97056 (503) 895-6505



APPLICATION FOR SOLO FLIGHT SCHOLARSHIP

Name: _____
Please print all information

Address: _____
Street address City State/Zip

Home Phone: (_____) _____ Date of Birth: ____/____/____

Name of parent or guardian: _____
(if under 18)

School you are attending: _____
(If in school – high school or college)

Address: _____
Street address City State/Zip

Telephone: (_____) _____

Flight school, FBO or CFI you are intending to use: _____

- Junior (15 ½ years minimum)
- High School Graduate (up to 26th birthday)
- Yes-I have passed a written FAA exam – Copy of test attached.
- Yes-I have passed the required Third Class Medical Exam – Copy of certificate attached.

Indicate the area(s) of flying that you find interesting.

- Private Pilot or LSA Corporate Pilot Recreational Pilot
- Helicopter Pilot Military Pilot Commercial Airlines (ATP)
- Other _____

ESSAY: Explain why or what interests you about the area(s) above.

Date: _____ Signature: _____

