

**APPLICATION FORM  
COMPETITION SCHOLARSHIP  
Administered by the Women Soaring Pilots Association**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Pilot Certificate # \_\_\_\_\_ SSA # if applicable \_\_\_\_\_

This scholarship is open to women who are experienced licensed glider pilots seeking to enter into soaring competition. Applicants must be members of WSPA and SSA and residents of the U.S. They must meet all the requirements of the competition in which they are planning to fly. The recipient will be reimbursed up to \$750 for expenses related to the contest.

**Applicants may only apply for one scholarship per year. Applications must include the following:**

1. An essay of 500 words or less explaining your goals and previous experiences as they relate to gliders and how this scholarship will help you meet your goals.
2. A photo, preferably with a glider, that we may use in our publicity.
3. A copy of your pilot certificate (front and back).
4. A copy of your latest entry in your logbook that shows total hours/flights.
5. Documentation that you have been accepted to fly in a specific Regional or National SSA sanctioned contest.

**The application deadline of May 15 may be waived if it does not coincide with the acceptance date for a specific contest. Contact the Scholarship Committee if there might be a conflict.**

**Mail application to:**

**(please, no e-mail, FedEx or UPS)**

**Phyllis Wells  
P.O. Box 278  
Aguila AZ 85320**

If you have questions call 719-429-4999 or e-mail: [scholarships@womensoaring.org](mailto:scholarships@womensoaring.org)

I agree to let WSPA use the enclosed photo(s) and essay for their publicity purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature