

APPLICATION FORM
SKY GHOST SCHOLARSHIP
Administered by the Women Soaring Pilots Association

Name _____ Home Phone _____

Address _____
Street City State Zip

Cell Phone _____ e-mail _____

Date of Birth _____ Grade in School _____

Student Pilot Certificate # _____ SSA # if applicable _____

This scholarship is open to women under the age of 25 who are student glider pilots. Applicants must be members of WSPA. If living in the U.S. they must also be members of SSA. The scholarship funds of \$750 may be used at any glider port (commercial or club). The applicant must have successfully passed the FAA Knowledge Test for Private Glider and have had at least three glider flights. The scholarship is to be used for training toward a Private Glider Certificate.

Applicants may apply for only 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 student pilot certificate (front and back).
4. A copy of your latest entry in your logbook that shows total flights/hours.
5. Evidence that you have passed the FAA Knowledge Test.
6. A letter of recommendation from a person who is familiar with your glider experiences.
7. The name and address of the glider port where you plan to take your training.

Application must be received by May 15. Mail application to:

Phyllis Wells
P.O. Box 278
Aguila AZ 85320 (no e-mail, Fed Ex or UPS)

If you have questions call 719-429-4999 or e-mail: scholarships@womensoaring.org

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

Date

Signature