

SPACEPORT 99s  
2289 Cox Road  
Cocoa, FL 32926

APPLICATION FOR THE MARY BLACKWELL – ANNE WALKER MEMORIAL SCHOLARSHIP

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This scholarship is to assist a woman towards a career in the aviation field by providing \$1500 towards flight training. The money can be used towards any rating or certificate except Private Pilot.

I. To be eligible, you must be: 1) a female, 2) at least 18 years old, 3) at least a Private Pilot, 4) living in, or be a permanent resident of The 99s South East Section, 5) of financial need and (6) must have a desire to make the field of aviation your career. (The 99s Southeast Section includes FL, GA, NC, SC, AL, MS, LA & TN.)

II. Each application package should include:

- Application form, all 3 pages completed, and notarized
- Letter telling a) what certificate or rating you will use it towards, b) how you became interested in an aviation career, c) your reason for applying for this scholarship, d) why you need financial assistance, and e) how this training will further your career.
- Letter of reference
- A copy of your Pilot Certificate, Medical Certificate, and, if applicable, flight review endorsement.
- Disclaimer form, completed and signed
- 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 a career in aviation, 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 applications as PDF attachments to email is the preferred method of transmittal. If submitting on paper, use 8½"x11" or A4 size paper. Submit one original and keep one copy. Send in a single, trackable shipment but waive any signature on delivery. Retain shipment tracking number and proof of mailing.

V. . Applications must be postmarked or emailed between March 1 and May 1.

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

LOCAL ADDRESS: \_\_\_\_\_

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

PERMANENT ADDRESS (if different) \_\_\_\_\_

TELEPHONE: BUSINESS \_\_\_\_\_ RESIDENCE: \_\_\_\_\_

CERTIFICATES & RATINGS: \_\_\_\_\_ TOTAL FLIGHT HOURS: \_\_\_\_\_ DATE OF MEDICAL: \_\_\_\_\_

DATE OF BFR: \_\_\_\_\_ DATE OF FLIGHT REVIEW \_\_\_\_\_

AGE: \_\_\_\_\_ MARRIED ? \_\_\_\_\_ HUSBAND'S NAME: \_\_\_\_\_

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

PREVIOUS POSITION: \_\_\_\_\_

HUSBAND'S POSITION & EMPLOYER: \_\_\_\_\_

ELIGIBILITY FOR

APPLICATION FOR THE MARY BLACKWELL – ANNE WALKER MEMORIAL SCHOLARSHIP

The following is to be completed by a responsible Official of the School or the person who will give the instruction.

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

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

\_\_\_\_\_ HOURS – GROUND SCHOOL \$ \_\_\_\_\_/HR \$ \_\_\_\_\_

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: \_\_\_\_\_

MUST BE NOTORIZED

BE IT KNOWN THAT:

If I receive this scholarship I will complete the “Rating” for which this application is submitted within 24 consecutive months after the date of the first check.

I understand that this Scholarship is for the sum of \$1500.00 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 named above.

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

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

DISCLAIMER

Neither the Spaceport 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.

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

DATE: \_\_\_\_\_