

SPACEPORT 99s
2289 Cox Road
Cocoa, FL 32926

APPLICATION FOR THE BLACKWELL –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. Also included will be 1 year’s membership in the Ninety-Nines.

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 application as a single PDF attachment to Bobbi@Spaceport99s.org is the preferred method of transmittal.

If submitting on paper, use 8½"x11" or A4 size paper. Submit one original and 2 copies. Send in a single, trackable shipment to the address at the top of this page, 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) _____

YOUR PREFERRED PHONE # _____ WORK PHONE # _____

CERTIFICATES & RATINGS: _____ TOTAL FLIGHT HOURS: _____ DATE OF MEDICAL: _____

DATE OF LATEST FLIGHT REVIEW OR APPROVED SUBSTITUTE ACTIVITY; _____

AGE: _____ MARRIED ? _____ HUSBAND’S NAME: _____

PRESENT POSITION (List employer’s Name and Address): _____

PREVIOUS POSITION: _____

HUSBAND’S POSITION & EMPLOYER: _____

ELIGIBILITY FOR

APPLICATION FOR THE BLACKWELL –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 use the funds within 12 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: _____