

2021 ROBERT SHELTON & HARSH MODI SCHOLARSHIP APPLICATION.

Last Name First Middle

Pilot Certificate Number

Present Street Address City State Zip

Home Telephone Number

Permanent Street Address City State Zip

Birth Date and Place

E-mail Address

Cell or another Phone Number

Applicant's Employee & Supervisor

Supervisor's Position

Average Number of hours worked per week _____

Employer's Address

Employer's Phone Number

If under 18 yr., Full name of Parent/Legal Guardian

Relationship

Address of the above referenced individual

Telephone Number

FAA Certificates: List all certificates, including dates received and type of aircraft flown Include copies of all pilot certificates, BFR, endorsements and copies of the last 2 pages of activity from logbook.

Total Time _____ PIC _____ Dual _____ within Last 6 Months _____

Education Background:

Highest Academic Degree _____

Name of Academic Institution _____

Graduation date (or expected graduation) _____ Students: # of hours per term _____

Include copies of diploma or transcripts.

Written Exam score and date passed for commercial rating _____

FLORIDA GOLDCOAST CHAPTER 99s
ROBERT SHELTON & HARSH MODI SCHOLARSHIP APPLICATION.

I certify that I am a current member of the Ninety-Nines, Friend of the Ninety-Nines or Veteran

If Member of the Ninety-Nines International Women's Pilot Organization indicate chapter affiliation

Neither the Florida Goldcoast Chapter of the Ninety-Nines, Inc., its members, agents or representatives, are responsible for, nor liable for, the quality of any training, incident, or any other event which may occur while the recipient of the Robert Shelton & Harsh Modi Scholarship in performing training or activities relating thereto.

The applicant signature below indicates agreement to this disclaimer and declares that the information given in this application is true and correct. The applicant understands that this Scholarship will only be used for the purpose for which the applicant is applying.

Signature

Date

Print Name

If under 18 years of age, signature of parent or legal guardian

Print Name

To apply, please complete this form and email it to cdraa0698@gmail.com by November 6, 2021. For assistance or more information contact: Christine Rupert 305.761.5479

Robert Shelton & Harsh Modi Scholarship Application

LETTER OF RECOMMENDATION FORM

NAME OF THE APPLICANT _____

The above applicant is applying for above 99s Chapter Scholarship. We would request that you complete this form and email it to:

Christine Rupert
cdraa0698@gmail.com

1. How long have you known this applicant and in what capacity?

2. How would applicant utilize this scholarship successfully, if awarded?

3. Relationship to Applicant.

4. Tell us in your own words why she should be considered as a candidate for this scholarship. We consider your opinion an important part of the selection process.

(Add additional pages to your comments as needed)

YOUR NAME _____ PHONE _____

SIGNATURE _____ DATE _____

ROBERT SHELTON & HARSH MODI SCHOLARSHIP APPLICATION.

Offered through

FLORIDA GOLDCOAST CHAPTER OF THE NINETY-NINES SCHOLARSHIP PROGRAM

CERTIFICATION

NAME OF THE APPLICANT _____

If I receive this scholarship, I will schedule and complete the written tests within one year after the date of receipt of the award. I also understand that I will be required to attend the Florida Goldcoast Chapter of the 99s, Scholarship Awards and Holiday party, to be presented with this Scholarship award by a representative of the Robert Shelton & Harsh Modi Scholarship.

SIGNED _____ DATE _____

**FLORIDA GOLDCOAST CHAPTER NINETY-NINES HOLD HARMLESS AGREEMENT
FOR THE SCHOLARSHIP APPLICANT .**

Neither the Florida Goldcoast Chapter of the Ninety-Nines, Inc., or the South East Section of the Ninety-Nines, Inc., The Ninety-Nines, Inc., Pilot Training Center Homestead, Yogini Modi and Bryan Shelton, nor their members, agents, or representatives are responsible for the quality of any training received with this scholarship, or for any accident, incident, or any other event which may occur while the recipient of this scholarship is performing training or activities relating thereto. Recipient shall sign this Hold Harmless Agreement in favor of said entities upon receipt of the scholarship and before any training is made.

SIGNED _____ DATE _____