

THE SATTLER FOUNDATION SCHOLARSHIP FUND

To apply for this scholarship, please complete the application below, save to your computer then email to the sattler foundation @yahoo.com by April 1, 2025. The applicant must be a senior who is currently attending a Tennessee high school. Preference will be given to those students who have participated in The Sattler Foundation Camps, is active in an EAA chapter, and have demonstrated an interest in a particular field of aviation.

APPLICANT'S INFORMATION					
Student's Name:					
Home Address:					
Home Phone: Cell Ph			ione:		
E-mail Address:					
Father's Name:					
Mother's Name:					
SCHOOL INFORMATION					
School you currently attend:					
School Guidance Counselor:					
Counselor Phone Number:		Ema	ail Address:		
Have you been accepted at a post high school educational instit	ution?		☐ Yes	□ No	
Name of college you plan on attending:					
What Major:					
Cost of tuition per year: \$			2 year program	☐ 4 year program	
HIGH SCHOOL ACCOMPLISHMENTS					
What was your most important accomplishment in high school and why do you feel that it was?					

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AWARDS				
List any other awards or honors you have received in or out of school.				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
EXTRA-CURRICULAR ACTIVITIES				
List extra-curricular activities and community service you have been directly involved in while in high school.				
AVIATION EXPERIENCE				
Have you attended an aviation ground school at your high school or elsewhere?				
If your answered Yes above				
When:				
Where:				

OTHER SCHOLARSHIPS				
List any scholarships that have already been awarded to you.				
REFERENCES				
List three references with addresses and phone numbers; one from the community as school administration.	nd one from your faculty or			
1.	Phone:			
Address:				
2.	Phone:			
Address:				
3.	Phone:			
Address:				
AVIATION EDUCATIONAL GOALS				
In a brief paragraph, please discuss your aviation educational goals and how this scholarship award will help you to further them.				
SIGNATURES				
I certify that the information given on this application is true and correct.				
Applicant Signature	Date:			

Date:

Signature of Parent/Guardian