## PRIVATE PILOT PROGRAM APPLICATION Marion County Aerospace Foundation, Inc. Ocala, Florida

Applicants NameAddress:City:ZipPhone Number:		Date of Application	
Email _	vanioer.	Date FAA Pvt Pilot Exam passed	
Parent or Legal Guardian  Name:		Selection Board: Approved Disapproved Date Signature of Board Chairman	
Address		Finance Officer: Funds Encumbered: \$Date	
	Zip	Signature of Finance Officer	
Phone Nu	ımber		
1. 2. 3. 4. 5. 6.	Program and have a grade of 85% or better.  2. Applicant must have a current Student Pilot Certificate & Medical Certificate prior to starting their training.  3. Applicant must have no failing school grades during the training period.  4. Applicant must maintain MCAF criteria status throughout the program and maintain his CAP cadet status, with a 75% or better attendance record, including excused absences.  5. At appropriate time, a parent/guardian must meet with the Selection Board and sign the Private Pilot Program application, other means may have to be considered with the imposed restrictions caused by Covoid 19.  6. Selection Board will oversee the Private Pilot Program and will check applications to determine who is eligible and if more than one acceptable application is received they will determine who receives the training first. One student pilot will have to complete the program before another can start.  7. Applicant must provide documents to prove all of the above.		
that it is to	rue, and that we sign of our own free will. The ning:	tanding all criterion detailed in this application and certify ne parental/legal guardian signature reflects approval for	
Student NameParent/Legal Guardian Name  Student SignatureParent/Legal Guardian Signature			
Date	D	ate	