



FLORIDA HEARTLAND NINETY-NINES 2020 FLIGHT TRAINING SCHOLARSHIP \$1500.00

The Florida Heartland chapter of the Ninety-Nines International Organization of Women Pilots is proud to announce our 2020 scholarship to provide funding toward pilot training, materials, ground school or exams. The purpose of this scholarship is to provide extra monetary assistance to a woman working on furthering her flight training.

ELIGIBILITY:

- Applicant must be a female living in the state of Florida
- Applicant must be at least 16 years old
- Applicant must be eligible for a private pilot or sport pilot license within the USA
- Applicant must hold a current medical certificate and student pilot/pilot certificate
- Applicant must have logged a minimum of 5 hours flight time with a CFI.
- Applicant needs to be a member of the Ninety-Nines, Inc.

TO APPLY, SUBMIT THE FOLLOWING DOCUMENTS:

1. A completed copy of the Application Cover Sheet
2. A one-page letter introducing yourself and your aviation goals. Include information on your community involvement and aviation involvement.
3. A one-page letter of recommendation, preferable from a CFI or other aviation professional.
4. A copy of your Medical Certificate.
5. A copy of your Student Pilot Certificate or most recent Pilot Certificate.
6. A copy of the last two pages of your logbook.

Combine all documents into a single .pdf file and email to: flheartland99scholarship@gmail.com
Or print all documents and fax to: Heartland 99s 2020 Scholarship. Fax Number: 863-583-0497
The Application Packet must be received electronically by 31 October 2020.
Or, if faxing, it must be faxed and dated no later than: 31 October 2020. Winner will be announced January 2, 2021

GUIDELINES:

- This scholarship is for reimbursement of flight training expenses incurred after the date the scholarship is awarded.
- Awarded scholarship funds are paid directly to the FBO, CFI or professional organization for flight training.
- Applicants may be asked to participate in a phone interview with the scholarship committee.
- Funds must be claimed within one year of the date the scholarship is awarded.



**FLORIDA HEARTLAND NINETY-NINES
2020 SCHOLARSHIP APPLICATION
APPLICATION COVER SHEET**

DATE: _____

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE: _____

Are you a member in good standing with The Ninety-Nines, Inc? Are you a member of a Florida Ninety-Nines Chapter? If so, which chapter?

Hold Harmless Agreement: By submitting an application for this scholarship, all applicants agree to the following statement. Neither the Florida Heartland chapter of the Ninety-Nines, Inc., the Southeast Section of the Ninety-Nines, Inc., The Ninety-Nines, nor their members, agents, or representatives are responsible for the quality of any training received with this scholarship, nor any accident, incident, or any other event which may occur while the recipient of the scholarship is performing flight training, education, technical training or activities related thereto. I hereby release the Ninety-Nines and any of its affiliated organizations from all actions, claims, or demand that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any activities related to this scholarship.

I declare under penalty of perjury that the information I have given on all forms in this application packet is true and correct and that I meet the requirements for this scholarship.

APPLICANT SIGNATURE: _____

APPLICANT'S PRINTED NAME: _____



**FLORIDA HEARTLAND NINETY-NINES
2020 SCHOLARSHIP APPLICATION**

NAME: _____

How far have you progressed in your flight training?

How do you plan to pay for the rest of your training?

When do you plan on completing your training?

Please indicate below how you intend on using the scholarship funds if you win. Account for the entire scholarship amount.

List below your CFI's name and contact information AND three references with their contact information:

I give my permission to Florida Heartland Ninety-Nines to contact references listed with this application.

Applicant Signature _____ **Date** _____