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|  **Florida Heartland NINETY-Nines** **2025 Ellen Spindler Memorial Scholarship** **$1000.00** |
| The Florida Heartland chapter of the Ninety-Nines International Organization of Women Pilots is proud to announce our 2025 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.  |
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# Eligibility:

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| * 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.
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# To Apply, submit the following documents:

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| 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.
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| Combine all documents into a single .pdf file and email to: flheartland99scholarship@gmail.comThe Application Packet must be received electronically by 31 October 2025. Winner will be announced January 10, 2026. |

# Guidelines:

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| * 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 CFI, FBO or Professional Aviation flight training company.
 | * Applicants may be asked to participate in a phone interview with the scholarship committee.
* Funds must be partially disbursed within 6 months of awards, used entirely within 12 months
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#  Florida Heartland Ninety-nines

#  2025 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Florida Heartland ninety-nines

# 2025 Scholarship Application

# nAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How far have you progressed in your flight training?

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

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When do you plan on completing your training?

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Applicant Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_