

WESTERN CAROLINA YOUTH AVIATION FOUNDATION

This application is for a
\$4,000 (Max) Flight Training
Scholarship



APPLICATION

MINIMUM APPLICATION REQUIREMENTS:

- **Be a resident of Cherokee, Clay or Graham County North Carolina.**
- **Be a high school or junior college student between the ages of 16 and 19.**
- **Have an overall grade point average of 2.0 (C) or better (4-point system).**
- **Have completed at least eighteen (18) hours of flight training.**
- **Have a third-class medical certificate (Attach copy of Certificate).**
- **Have soloed in an approved airplane (Attach copy of applicant's pilot log book entries to date including instructor's endorsement).**
- **Have passed the private pilot written exam (Attach copy of Certificate).**
- **Commit to flight training an average of at least one (1) hour each week until the program is completed.**

(Please Print)

Name of Applicant: _____ Date of Birth/Age: _____ / _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

In your own words, please tell the Foundation something about yourself, why you want to obtain a Private Pilot's License and something about your aviation career objectives. Feel free to add any additional information you desire and continue on separate page if needed:

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WCYAF FLIGHT TRAINING SCHOLARSHIP APPLICATION



FOR: _____ DATE _____
Printed Name of Applicant

By signature below I understand and certify that:

1. I meet all minimum requirements as listed on page one.
2. Funds available from the WCYAF are limited and the maximum I can receive, if approved, is \$4000. Subsequently, the WCYAF does not guarantee that I will receive a scholarship.
3. The WCYAF is the sole authority as to whether or not I receive this scholarship.
4. My selection for a scholarship may become competitive based on academic standing and flight training performance as judged by my flight instructor.
5. Funds for this program will be paid directly to my flight instructor or flight school as costs are incurred.
6. Scholarship benefits will terminate on my 21st birthday or when I pass the Private Pilot check ride, whichever occurs first.
7. As Foundation funds are limited, scholarship priority will be given to students enrolled in or graduates of an established & Foundation approved high school aviation program.
8. My scholarship may be terminated at any time if I fail to maintain a regular flight training schedule, become unable to complete the training for any reason, or have falsified ANY information.
9. Upon acceptance, I and my parents or legal guardian/s, will sign a release of liability to the WCYAF, flight instructor and high school for any and all claims with regard to any accident or injury arising out of my flight instruction or activities related thereto.

Signature of Applicant _____ Date _____

I endorse and recommend this applicant for this scholarship:

Personal Reference #1 (Not a Relative). **I agree that you may contact me for more information.**

Printed Name and Signature _____

Email Address & Phone Number _____

Personal Reference #2 (Not a Relative). **I agree that you may contact me for more information.**

Printed Name and Signature _____

Email Address & Phone Number _____

Flight Instructor (Printed Name and Signature) Date

Parent/Guardian (Printed Name and Signature) Date

____ Application is Approved. ____ Application is Denied

WCYAF Approval (Printed Name and Signature) Date

Complete all sections and mail to:

WCYAF

P.O. Box 1399

Hayesville, NC 28904-1399