



## Worcester Area Pilots Association Application for Flight Training Scholarship

Please Print Clearly

Name:

Address:

City:  State:  Zip:

Phone:  Birthdate:

School:

Last Grade Completed:  Current GPA:

Previous Flight Experience:

Hours:

Do you have a current FAA Medical? YES / NO

Have you passed the FAA Written? YES / NO Score:

Have you attended a Ground School? YES / NO (Attach record of attendance)

- Write and attach a one page essay on why you want to fly.
- Attach proof of student status and most recent grade report.

### Scholarship Application and Waiver:

(Cross out the [bracketed sections] that are not applicable)

The applicant named above wishes to participate in the WAPA Flight Training Scholarship Program. I certify that [~~I am the minor's legal guardian~~] [~~I am of age 18~~] and I give my consent to participate in this scholarship. I further agree to hold the Worcester Area Pilots Association, its members, directors and all participants and sponsors harmless for all personal injury that might result directly or indirectly from participation in this program.

I certify that I have read and understand the rules and requirements for this scholarship And certify that the applicant meets the requirements for eligibility for the scholarship

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Applicant] [Parent] [Guardian]