

PETALUMA AREA PILOTS ASSOCIATION SCHOLARSHIP APPLICATION

Name _____
(Please Print)

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ Cell (____) _____ Fax (____) _____
(If you do not reside in either Sonoma or Marin county, please give parents address)

Address _____ City _____

HIGHEST LEVEL OF ACADEMIC ACHIEVEMENT (YEAR OF GRADUATION)

Highest Education Level _____
High School Bachelor's Master's PHD

Student Status _____ at (School) _____
Full time Part time No

EXTRA CURRICULAR ACTIVITIES (describe)

AVIATION ACHIEVEMENTS

Completed of Ground School YES _____ NO _____

Passed FAA Written Exam YES _____ NO _____

Flight Training Hours
Total Time _____ Dual _____ Solo _____

Current FAA Certificate(s) Held
Student _____ Private _____ Commercial _____ Other _____

Current Flight Training with (establishment) _____
Instructor _____

Current Aviation Trade School Student with _____

Veteran Status YES _____ NO _____

INSTITUTION TO WHICH FUNDS (IF AWARDED) WOULD BE DIRECTED

Completed application, transcripts and essay are due no later than April 15 of each year. Please mail all items together to: PAPA Scholarship Committee, P.O. Box 654, Petaluma, CA 94953

FOR OFFICIAL USE ONLY

Points _____

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GPA _____ Awarded _____ Amount _____