

**2016 ADF AIRWAYS 737-800 NEXT GENERATION JET CHECKOUT
SCHOLARSHIP APPLICATION.**

Last Name First Middle

Pilot Certificate Number

Present Street Address City State Zip

Home Telephone Number

Permanent Street Address City State Zip

Birth Date and Place

E-mail Address

Cell or other Phone Number

Applicant's Employer & Supervisor

Supervisor's Position

Average Number of hours worked per week _____

Employer's Address

Employer's Phone Number

If under 18 yr., Full name of Parent/Legal Guardian

Relationship

Address of the above referenced individual

Telephone Number

FAA Certificates: List all certificates, including dates received and type of aircraft flown Include copies of all pilot certificates, BFR, endorsements and copies of the last 2 pages of activity from logbook.

Total Time _____ PIC _____ Dual _____ within Last 6 Months _____

Education Background:

Highest Academic Degree _____

Name of Academic Institution _____

Graduation date (or expected graduation) _____ Students: # of hours per term _____

Include copies of diploma or transcripts.

Written Exam score and date passed for commercial rating _____

I certify that I am a current Florida resident or enrolled in a Florida aviation training program.

Members of the Ninety-Nines International Women's Pilot Organization indicate chapter affiliation

I have flown over 50 hours VFR or IFR, since acquiring my Instrument rating to include the following approaches and holding patterns:

Neither the Florida Goldcoast Chapter of the Ninety-Nines, Inc., its members, agents or representatives, are responsible for, nor liable for, the quality of any training, incident, or any other event which may occur while the recipient of the ADF Airways 737-800 NG Jet Checkout Scholarship in performing flight training or activities relating thereto.

The applicant signature below indicates agreement to this disclaimer and declares that the information given in this application is true and correct. The applicant understands that this Scholarship will only be used for the purpose for which the applicant is applying.

Signature

Date

Print Name

If under 18 years of age, signature of parent or legal guardian

Print Name

Send original, plus 4 (four) complete copies of the application and all other requirements and this form to be received by October 15th, 2016 to:

Kimberley Lowe
FL Goldcoast 99s Chapter Scholarship Chair
624 SW St. Lucie Crescent, PH 407, Stuart, FL 34994
Cell phone: 305-984-0561

FLORIDA GOLDCOAST CHAPTER 99s
2016 ADF AIRWAYS 737-800 N.G. JET CHECKOUT SCHOLARSHIP.

LETTER OF RECOMMENDATION FORM

NAME OF THE APPLICANT _____

The above applicant is applying for above 99s Chapter Scholarship. We would request that you complete this form and return the signed original to the following address:

Kimberley Lowe, FL Goldcoast Scholarship Chair, 624 SW St. Lucie Crescent, PH 407, Stuart, FL 34994

Please, in addition, email a scanned, signed and dated copy of the original to: flynlowe@comcast.net

This Recommendation Form MUST be received by **October 15th, 2016** in order for the applicant to be eligible for consideration.

1. How long have you known this applicant and in what capacity?

2. Would applicant utilize this scholarship successfully, if awarded?

3. Relationship to Applicant.

4. Tell us in your own words why she should be considered as a candidate for this scholarship. We consider your opinion an important part of the selection process.

(Add additional pages to your comments as needed)

YOUR NAME _____ PHONE _____

SIGNATURE _____ DATE _____

2016 ADF AIRWAYS 737-800 NEXT GENERATION JET CHECKOUT

Offered through

FLORIDA GOLDCOAST CHAPTER OF THE NINETY-NINES SCHOLARSHIP PROGRAM

CERTIFICATION

NAME OF THE APPLICANT _____

If I receive this scholarship, I will schedule and complete the two week long ground school and two week simulator of the jet checkout, within nine months after the date of receipt of the award. I also understand that I will be required to attend the Florida Goldcoast Chapter of the 99s, Holiday party, December 11th, 2016 between 11 am and 3 pm, in North Miami, Florida, to be presented with this scholarship award by ADF Airways.

SIGNED _____ DATE _____

**FLORIDA GOLDCOAST CHAPTER NINETY-NINES HOLD HARMLESS AGREEMENT
FOR THE SCHOLARSHIP APPLICANT.**

Neither the Florida Goldcoast Chapter of the Ninety-Nines, Inc., or the South East Section of the Ninety-Nines, Inc., The Ninety-Nines, Inc., nor their members, agents, or representatives are responsible for the quality of any training received with this scholarship, or for any accident, incident, or any other event which may occur while the recipient of this scholarship is performing flight training or activities relating thereto. Recipient shall sign this Hold Harmless Agreement in favor of said entities upon receipt of the scholarship and before any flight is made.

SIGNED _____ DATE _____