

2016 Fran Sargent 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 used**. 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 rating desired _____

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

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

I will use the funds of this scholarship for _____
_____ (Rating, etc)

In order to receive final disbursements of funds the Scholarship winner must provide a copy of the certificate or other documentation of goal attained with this Scholarship before December 1st of the following year and provide email or phone progress reports every 60 days during the year.

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 Fran Sargent Scholarship is 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 four complete copies of the application requirements and this two-page form to be received by October 31st, 2016 to:

Kimberley Lowe
Scholarship Chair, FL Goldcoast 99s
SW St. Lucie Crescent, PH 407
Stuart, FL 34994

For assistance or more information contact Kimberley at flynlowe@comcast.net
Cell phone: 305-984-0561

FLORIDA GOLDCOAST CHAPTER 99s
2016 Fran Sargent Scholarship
LETTER OF RECOMMENDATION FORM

NAME OF THE APPLICANT _____

The above applicant is applying for our 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 also email a scanned, signed and dated copy of the original to: flynlowe@comcast.net

This Recommendation Form **MUST** be received by **October 31st, 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 opinion why she should be considered as a candidate for this scholarship. We consider your opinion an important part of the selection process.

YOUR NAME _____ PHONE _____

SIGNATURE _____ DATE _____

2016 FRAN SARGENT SCHOLARSHIP

FLORIDA GOLDCOAST CHAPTER OF THE NINETY-NINES SCHOLARSHIP PROGRAM

CERTIFICATION

NAME OF APPLICANT _____

If I receive this scholarship, I will schedule and complete the training that I have requested within one year of the date of the Holiday Party 2016. 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 Miami, where I will be presented with this scholarship award. I will also contact the Scholarship Committee every 6 weeks with an update of my training. The first \$1,250 will be sent to your school at your request and after certificate or completion documentation received the second \$1,250 will be sent.

SIGNED _____ DATE _____

FLORIDA GOLDCOAST CHAPTER 99s HOLD HARMLESS AGREEMENT FOR 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 _____