



RHODE ISLAND PILOTS ASSOCIATION SCHOLARSHIP APPLICATION

Applicants MUST satisfy all of the requirements listed below:

- Applicant must be at least 16 years of age on or before December 31 of the year **prior** to the Scholarship Year for which the application is being made.
- Applicant must be a resident of Rhode Island.
- Applications must be postmarked no later than February 24 of the Scholarship Year (Award is in May).
- Applicant for flight training must be able to pass the FAA Class III physical before the funds are offered.
- Applicants under 18 years of age must have a letter of consent from a parent/guardian.
- Award must be used within 12 months or the remainder will return to the Rhode Island Pilots Association Scholarship Fund.

Applicant must submit the following materials:

1. A complete Scholarship Application Form.
2. A personal letter (no more than 2 pages in length) describing how the scholarship funds would be used to pursue goals in aviation or related areas.
3. A list of extracurricular activities, hobbies, personal interests, etc.
4. Two (2) letters of recommendation from persons knowledgeable about the applicant's goals and activities.
5. Details of school record.
6. Statement of likely expenses and financial need.

Application materials should be mailed to:

**RIPA Scholarship Chairman
644 Airport Road, Hangar One
Warwick, RI 02886**



RHODE ISLAND PILOTS ASSOCIATION SCHOLARSHIP APPLICATION FORM

- Applicant is responsible for ensuring that all information required by the RIPA Scholarship Committee is included with this Application Form.
- Application must be mailed to the RIPA Scholarship Chairman, 644 Airport Road, Hangar One, Warwick, RI 02886.
- Application must be postmarked no later than February 24 of the Scholarship Year (Award is in May).

Application for Scholarship Year

Name

Date of Birth

Mailing Address

City

State

Zip

Evening Telephone Number ()

Daytime Telephone Number ()

Highest educational level achieved

Year

Work History (Most recent employment. Attach additional pages if necessary.)

Employer's name and position

Check one: Full Time Part Time

Career Goal

- I am a resident of Rhode Island and at least 16 years of age.
- If I receive this award, I will carry out the training or educational program for which the scholarship is received within one year of the date of the award.
- I understand that the funds are to be used ONLY for the purpose for which I am applying.
- I will communicate in writing with the Scholarship Chairman to inform RIPA of my progress, and be willing to meet one time during the year with the RIPA Scholarship Committee.
- I attest to the fact that my application reflects an honest appraisal of my ability and desire to complete the goals herein.

I certify that the above statements and all the information in this application are true and correct.

Signature _____ Date

Attachments:

- Personal letter outlining my interests and goals in aviation or related fields.
- List of extracurricular activities, hobbies, personal interests, etc.
- Details of school record.
- Two (2) letters of recommendation (one page each).
- Statement of likely expenses and financial need.