SCHOLARSHIP APPLICATION EAA Chapter 1067 Naples, Florida

This Application is for a \$11,000 Ray Aviation Flight Training Scholarship. Applicant must be 16–19 years old.

You must either type or print all your answers neatly in ink. Application response should be SCANNED, and sent via email to Robert C. Ellis at reellis2@comcast.net, or mailed to: Robert C. Ellis, 3553 Gordon Drive, Naples, FL 34102-7909.

Last		First	N	M.I.
Permanent mailing	g address:			
	Number and street			
City	State	Zip	E-mail	
Phone		Birth date		Λ σε·
1 Hone		Birtir date_	Month Day	Age:
Are you a Citizen of the U	Jnited State or Canada			
EAA CL		3.6 1		
EAA Chapter	ne of Chapter You or Relative Attends	Member:	and EAA Member Number	
If you are not an FA	A member, name Relative who is an EAA	A member	Relationship	
If you are not an Ext	A member, name returve who is an Ext	r memoer	Relationship	
	Area Code Telephone Num	ber		
What year did/wil	l you receive a high school dip	nloma or GED?		
What your ara win	i you receive a mgn senoor an	promise of GEB		
High School Attend	led or GED:			
	High School	ol Name or GED County	City	State
	mta anly			
High school studer	HIS OHIV			
High school studer High So	chool GPA: A	CT or SAT Score: _		
		CT or SAT Score: _		
High So				nate GPA
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High So	chool GPA: A			nate GPA
High So College GPA throu	chool GPA: A	uate GPA		
High So College GPA throu College or Univ. attended:	chool GPA: A ugh January 2021: Undergrad Name of College or University	uate GPA	Gradu Degree Earned	√ Transcript Sent
High So College GPA throu College or Univ. attended:	chool GPA: A ugh January 2021: Undergrad Name of College or University register at, or be planning to	Dates Attended	Gradu Degree Earned rsity, vocation or tra	√ Transcript Sent ade school.
High So College GPA throu College or Univ. attended: Applicant should School choice & M.	chool GPA: A ugh January 2021: Undergrad Name of College or University register at, or be planning to	Dates Attended o, a college, unive	Gradu Degree Earned rsity, vocation or tra	√ Transcript Sent ade school.
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High Son College GPA through College or Univ. attended: Applicant should School choice & Major: Parent/Guardian:	chool GPA: A ugh January 2021: Undergrad Name of College or University register at, or be planning to Aajor: School Name:	Dates Attended o, a college, unive	Degree Earned rsity, vocation or tra City Phone:	√ Transcript Sent ade school.

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9.	Formal aviation organizations you participate in:
10.	Informal aviation activities you participate in:
11.	Employers (last 3 years, job title, length of employment):
12.	Have you had a Young Eagles flight, been in Sporty's Learn To Fly Course, or other ground school?
13.	Describe any flight training:
14.	Are you interested in aviation as a hobby, or as a career?
15.	Can you read, write and speak the English language in complete sentences?
Let	ers of Recommendation are encouraged and recommended.
Not	es: Please expand on any of the above questions.
con periodoc and pro elig	RTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and applete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give mission to selection committees to review information on this form, my transcripts, and any additional supporting tumentation submitted as part of this application. I give permission for selection committees to contact high school for college officials for additional academic information. If chosen for scholarship award, I agree to provide of GPA to the committee at each semester/quarter break in order for the committee to determine future ibility. I further agree if chosen to submit a written paragraph to be published on the value of the scholarship and in my academic pursuits.
Sig	nature Date