

Please Note: Application and all supporting documents must be received no later than January 31 for spring scholarship consideration and July 31 for fall scholarship consideration. Applications lacking referenced supporting documents and/or those received after the announced deadline will not be considered.

Return application and all requested supporting documents to:  
Heart of Ohio EAA Chapter 402  
520 Heath Rd  
Heath, OH 43056

Date Rec'd by  
Chapter 402

You may also submit your application and any supporting documents to our Scholarship Advisory Committee by email at: [khughe9@gmail.com](mailto:khughe9@gmail.com).

Eligibility

- I meet the requirements of the Federal Aviation Regulations for the EAA 402 Scholarship Program: **VARIABLE SCHOLARSHIP, No. 600-2301, Amount: \$500.00, Deadline Date: July 31, 2023.**
- I reside in Licking Co. or an adjoining county.
- I will be able to start training within 6 months of approval, and to use the scholarship funds within 12 months of training initiation.

Name: (PLEASE PRINT) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

County (PLEASE CIRCLE): Licking Fairfield Perry Muskingum Coshocton Knox Delaware

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Current School or Employer: \_\_\_\_\_

**Descriptive Title of your training objective:** \_\_\_\_\_

Describe your aviation training and experience thus far:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how this scholarship will help you meet your aviation goals. Please include estimated total training costs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your involvement with EAA, other aviation organizations and/or other aviation activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received any other aviation awards, grants or scholarships? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

Please provide any other information that you would like for the scholarship committee to consider (volunteer activities, awards, leadership experience, organization membership):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be available for an in-person interview if you are chosen as a finalist? \_\_\_\_\_

Certification:

I certify that all information in this application is true and correct. If chosen for a scholarship, I agree to use scholarship funds for my personal aviation education only.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Consent:

*Parental/guardian support is essential for students to succeed. Minors will not be considered for a scholarship unless they have the full expressed support of a parent or guardian.*

I, \_\_\_\_\_ (PLEASE PRINT NAME), pledge support for the student applicant and approve of this aviation scholarship application.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The awarding of this non-renewable scholarship is not based upon financial need. Additional information or verification may be requested. The selected applicant will be notified of any spring scholarship by March 31 and fall scholarship by September 30, whereupon an Agreement will be signed, and the funds will be directed to the recipient's designated educational provider. Heart of Ohio EAA Chapter 402 has the right to withdraw the awarding of any scholarship if the Scholarship Advisory Committee feels that there are no applicants meeting the established scholarship criteria.*