

AZ Chapters Scholarship EAA Air Academy Application Form

(Please print clearly)

Advanced Academy Date: **July 16-24, 2024**_____

Applicant's Name:_____

M___ F___ Nickname:_____ Shirt Size:_____

Address:_____

City, State, Zip: _____

Phone: Cell _____ Home:_____

Email:_____ D.O.B.:_____

Parent's Names:_____

Address:_____

City, State, Zip:_____

Phones: Home:_____ Work:_____

Mom Cell:_____ Dad Cell:_____

Mom email:_____ Dad email:_____

Parent Signature confirming application to be considered to attend the
EAA Air Academy in Oshkosh, WI.

_____ Date:_____

***Any changes or cancellations made to travel plans will be covered by cadet.