

EAA Chapter 864 St. Louis Regional Airport East Alton, Illinois



2025 Ray Aviation Scholarship Student Application Application Deadline:

APPLICANT INFORMATION			
Name:	First	M.I.	
Address:			
City	State	ZIP Code	
Phone Number:	Email		
Birthdate/Age:	EAA Member No. (if any)	
School Attending:	Graduation Year/Current Grade:		
PARENT/GUARDIAN INFORMATION (I	-		
Last	First	M.I.	
Address:			
City	State	ZIP Code	
Phone Number:	Email		
Do you possess an FAA Medical Certifi	cate?	Yes No	
Do you possess a student pilot certificate? If yes, how many hours of student training are documented?		Yes No	
Have you completed a ground school course?		Yes No	

Have you completed a FAA Airman Written exam?		No
Have you soloed?	Yes	No
Are you an EAA member or EAA Student Member?	Yes	No
Are you a Young Eagles Participant with Logbook entries?	Yes	No
Are you participating in the EAA Flight Plan (Sporty's Learn to Fly Course)?	Yes	No
Can you begin flight training within 60 days of accepting the scholarship?	Yes	No
Are you seeking a scholarship for Airplane, Sport Pilot, or Glider license? (Note: Chapter 864 does not plan to nominate a Light Sport or Glider license pilo		_ No 1 2025)
Flight training is to be completed within one year of the scholarship award. Do y to be a full-time local resident in the EAA Chapter 864 area during this period? (If NO, explain in the first Applicant statement below how you expect to complete & fulfill monthly Chapter participation obligations during training.)	Yes	
Have you accepted any other aviation scholarships? If YES, can you please tell us about them? (NOTE: These will not impact your awa	Yes rd of the Ro	

APPLICANT STATEMENTS

(Please attach your answers on another page)

You will be required to form a close mentorship with EAA Chapter 864 if selected. Briefly indicate how you intend to engage with the Chapter and fulfill volunteer service hours.

If you were to receive a private pilot certification, and were free to fly without the oversight of an instructor, what would this mean to you personally? Would you be interested in pursuing additional pilot certifications?

In 150-250 of your own words, explain why you feel you should be selected for an award of this scholarship.

Discuss your Young Eagles flight, or first flight in a private aircraft, and what you got out of it.

Briefly describe any prior aviation involvement (Chapter membership, flight experiences, EAA Air Academy, EAA AirAdventure, model aircraft, etc.).

This Scholarship provides up to \$12,000 in flight training expenses, how will you fund further training or flight expenses if they are required.

Please list academic achievements (i.e., GPA, Awards, Activities, etc.)

Please list outside School Activities: (Sports, Work, Family, etc.)

Given your current schedule (work, family, school) how many times per week could you train if you were awarded this scholarship? Two 2-Hour Sessions/Week

One 2 Hour Session/Week

____ Three 2 Hour Sessions/Week _____ Four 2 Hour Sessions/Week

REFERENCES

Please provide letters of recommendation from two adult references (non-family) from your schools, sports, clubs, or other activities attended. One reference should be familiar with aviation, such as a pilot if possible.

Do we have permission to contact your references on your behalf?

YES _____ NO _____

SIGNATURE

I certify that the information given on this application and attached documents is complete and true in every respect, and consent to the verification of their contents. I understand that as the recipient of this award, information on this application as well as my photo, may be utilized in future publications, digital and hardcopy. I further understand that the EAA Chapter 864 may choose to contact me in the future, and publish my name in communications, on their website as a recipient and/or on social media, and I grant them permission to do so.

Applicant Signature: _____ Date: _____ Date: _____

I hereby give permission to EAA Chapter 864 Ray Scholarship Coordinator and Committee Members to correspond to my son/daughter for application purposes. Parents will be copied on all correspondence.

Parent Signature:	Date:	
(if under age 18)		