

HARVEY AVIATION MEMORIAL SCHOLARSHIP APPLICATION

HARVEY AVIATION MEMORIAL SCHOLARSHIP (HAMS) INSTRUCTIONS

TYPE all information except for signatures. If space provided in any section proves inadequate, information may be continued on additional sheets attached to the application. All information on this application is required and subject to verification by the scholarship committee. The information provided is kept strictly confidential and is for use in the scholarship selection process only. Failure to provide the requested information may disqualify the applicant.

Applicant must be a US Citizen and at least 18 years of age and hold no less than a valid student pilot certificate with a Solo Endorsement and a current FAA medical certificate. A Class III medical is required for Private or Instrument Scholarship consideration and Class II for all other flight training courses.

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ zip: _____

Date of Birth: _____ Age: _____ SS#: _____

Telephone Home: (____) _____ Telephone Work: (____) _____

Fax: (____) _____ Email: _____

AVIATION BACKGROUND: *use separate sheet if necessary-include any (military or civilian) experience.*

Flight Training **Course** for which I am *applying*: _____

Certificates or Ratings Held (list below)	Date
_____	_____
_____	_____
_____	_____

Pilot License/Certificate Number: _____ Aircraft Types Flown: _____

Total Flight Time: _____ **PIC/Solo:** _____ **Dual:** _____

**HARVEY AVIATION MEMORIAL SCHOLARSHIP
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Education

High School: _____ Year Graduated: _____ GPA: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

Contact Person: _____ Course of Study: _____

College or University: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: (____) _____

4-year _____ Other _____ Expected Graduation Date: _____

Major Course of Study: _____ Cumulative GPA: _____

WORK EXPERIENCE and RESUME

Describe your work experience during the past four years-*include resume on separate sheet*

Company Name	Area Code/Phone	Position	Work Dates	Hrs/Week
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Activities, Awards and Honors

List and describe all activities that you have participated in and any award or special honor or recognition you have earned during the past four years.

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GOALS AND ASPIRATIONS

Make a statement of your plans as they relate to your educational, flight training, career objectives, future goals, and contributions and commitment to General Aviation or Commercial Aviation Careers.

LETTERS OF REFERENCE AND RECOMMENDATION

The applicant must submit one letter from an individual in each of the following areas.

- Church Official or Charitable Organization
- High School, College, or Vocational Institution Teacher, Counselor or Administrator
- Personal References from two individuals not related to you
- Previous or Present Employer
- *Optional* - letter from Professional Pilot and/or Licensed A&P Mechanic

ADDITIONAL DETAILS

Include any additional information that in your opinion will assist the scholarship Committee in evaluating your application.

FINANCIAL AID *Briefly state your reasons and/or needs for receiving scholarship funding*

APPLICATION CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Copy of FAA Medical Certificate | <input type="checkbox"/> Copy of Airman Certificate |
| <input type="checkbox"/> Completed Scholarship Application | <input type="checkbox"/> Letters of Reference and Recommendation |
| <input type="checkbox"/> Resume | <input type="checkbox"/> Proof of High School Diploma or GED |
| <input type="checkbox"/> Proof of US Citizenship | <input type="checkbox"/> Solo Endorsement, PPL, IR or Commercial |

SELECTION PROCESS and TRAINING FACILITY

The Harvey Aviation Memorial Scholarship Committee has sole responsibility for selecting recipients based on criteria as set forth in the application and the scholarship program handout. Flight Training scholarship recipients receive flight training at Snohomish Flying, an FAA Approved Part 141 flight school located on Harvey Field in Snohomish, WA.

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DISBURSEMENT OF FUNDS AND RECIPIENT ACCOUNTABILITY

Four Scholarships per year are awarded. The scholarships are disbursed quarterly in the amount of \$ 400.00 per quarter. The funds are disbursed to the scholarship recipient and the flight training facility (Snohomish Flying) jointly. The recipient and the training facility are required to submit a short progress report to the Scholarship Committee on a monthly basis.

AUTHORIZATION

I grant permission for the facility in which I am enrolled to provide and discuss my student records, in confidence with authorized individuals from **HAMS** committee. I understand I may also be required to interview and discuss personal matters and career goals with authorized individuals from **HAMS** committee as part of this scholarship application process.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Harvey Aviation Memorial Scholarship Committee.

Signature of Applicant: _____ Date: _____

DO NOT WRITE IN THIS SPACE - FOR SCHOLARSHIP COMMITTEE COMMENT(S) ONLY.

Applicant Name: _____ Application date: _____

Date received: _____ Committee
Review Date: _____ Approved: _____ Denied: _____

Comments: _____

Signature of **HAM** Scholarship President: _____

**HARVEY AVIATION MEMORIAL SCHOLARSHIP
FLIGHT TRAINING APPLICATION**

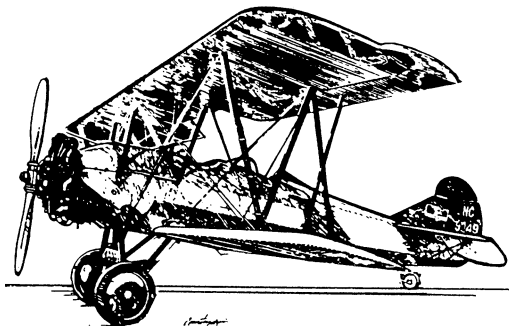
Submit completed application by US Postal Service Mail or Email to:

**HARVEY AVIATION MEMORIAL SCHOLARSHIP COMMITTEE
C/O HARVEY FIELD
9900 AIRPORT WAY, SUITE B
SNOHOMISH, WA 98296**

TELEPHONE: 360-568-1541 x 222 FAX: 360-568-6034

EMAIL: HAMS@HARVEYFIELD.COM

ON LINE APPLICATION: WWW.SNOHOMISHFLYING.COM



HAMS

*Harvey Aviation
Memorial Scholarship*