

San Luis Avionics, Inc.
4339 Santa Fe Road #48
San Luis Obispo, CA 93401
(805) 783-0430 (805) 783-0926 Fax

Scholarship Application - Award: \$2000
Completed Applications Must Be RECEIVED By October 1, 2009

NAME: _____ SSN: _____

ADDRESS: _____ DOB: ____/____/____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE (DAY): _____ EVENING : _____

HIGH SCHOOL: _____ GRADUATION DATE: _____

GRADE POINT AVERAGE: _____

ARE YOU CURRENTLY ENROLLED AT (CIRCLE 1): CAL POLY - CUESTA - HANCOCK

EXPECTED GRADUATION DATE: _____ MAJOR: _____

I AM APPLYING FOR, OR HAVE BEEN ACCEPTED, FOR ADMISSION TO COLLEGE AS A
FRESHMAN AT THE FOLLOWING INSTITUTION (S): _____

FLIGHT SCHOOL INTERESTED IN ATTENDING: _____

FIELD OF STUDY INTERESTED IN PURSUING: _____

ELIGIBILITY REQUIREMENTS

1. Applicant must be a resident of San Luis Obispo County
2. Applicant must be between the ages of 15-21
3. Must have 20/20 eyesight or eyesight that is correctable
4. **All scholarship funds will be dispersed directly to educational institution upon award of scholarship. No funds will be written to student and/or family.**

APPLICATION PROCEDURE

1. Answer questions on application.
2. Write an essay of **no more than 300 words** explaining *“Why you desire to have your pilot’s license and why you would be a good candidate for this scholarship?”*
3. List name and phone number of two references we can call and interview over the phone (teacher, counselor, mentor, pastor, coach, employer, etc.)

Note: No applications will be accepted after the deadline.

APPLICATION QUESTIONS

1. How did you become interested in aviation? _____

2. Have you ever taken a Discovery Flight? (If you call 1-800-BE A PILOT, they will send you a voucher for a free introductory flight. You can take the voucher to any flight school to redeem.)

3. What type of career goals do you have? _____

4. Will you use your pilot's license to enhance your career? If yes, in what way? _____

Will you be, or are you already, solely responsible for your future education? Yes _____ No _____

If you answered "no", please complete the following section:

Your family's adjusted gross income:

\$0-\$25,000 _____ \$25,000-\$40,000 _____ \$40,000-\$60,000 _____

\$60,000-\$80,000 _____ \$80,000-above _____

7. Do you have any friends or family that are involved in aviation? If yes, explain:

8. How did you hear about our scholarship?

9. Please list the name and phone number of two references we can call and interview over the phone.

Name: _____ Name: _____

Phone: () _____ Phone: () _____

Relationship: _____ Relationship: _____

Using a separate sheet of paper, please write an essay, of no more than 300 words, explaining

“Why you desire to have your pilot’s license, and why you would be a good candidate for this scholarship”

**PLEASE TYPE ESSAY AND DOUBLE SPACE.
INCLUDE A WORD COUNT AT THE BOTTOM OF THE ESSAY.**

I hereby consent to the application of my son/daughter for consideration by the Scholarship Committee. I believe the information represented in this application to be true and correct. *(For applicants under the age of 18)*

Signature of Mother Date and/or Signature of Father Date

I hereby submit my name and qualifications for review as a candidate for the San Luis Avionics, Inc. Youth In Aviation Scholarship. I understand the application and rules for this scholarship. The information represented herein is true and correct.

Signature of Applicant Date

• **NOTE: THE APPLICANT MAY BE REQUIRED TO APPEAR BEFORE THE**

**RETURN APPLICATION TO SAN LUIS AVIONICS, INC.
BY OCTOBER 1, 2009.**

**APPLICATIONS RECEIVED AFTER THIS DATE WILL BE
DISREGARDED.**