

FPA Aviation Scholarship Application

11626 TWAIN DRIVE, MONTGOMERY TEXAS 77356

936.588.6505 info@fpadrs.org

Last Name: _____ First Name: _____

Middle Name: _____ Nickname (if used): _____

CURRENT ADDRESS: (street) _____
(city) _____ (state) _____
Zip/postal code: _____ (country) _____

Telephone (cell) _____ (home) _____

E-mail address: _____

BIRTHDATE: (month) _____ (day) _____ (year) _____

Place of Birth: _____

EDUCATION*:

High School _____

City _____ State _____

Graduation Year: _____

UNDERGRADUATE EDUCATION*:

College/University _____ DEGREE: _____

From (date) _____ to (date) _____

College/University _____ DEGREE: _____

From (date) _____ to (date) _____

College/University _____ DEGREE: _____

From (date) _____ to (date) _____

POSTGRADUATE EDUCATION*:

College/University _____ DEGREE: _____

From (date) _____ to (date) _____

College/University _____ DEGREE: _____

From (date) _____ to (date) _____

College/University _____ DEGREE: _____

From (date) _____ to (date) _____

MEDICAL SCHOOL TRAINING

Medical School _____ DEGREE: _____

From (date) _____ to (date) _____

Residency/Internship _____ Specialty: _____

From (date) _____ to (date) _____

Fellowship or Advanced: _____ Specialty: _____

From (date) _____ to (date) _____

SPECIALIZED TRAINING/EDUCATION (be specific):

MILITARY SERVICE/TRAINING (include branch, dates, discharge information and rank)

CURRENT WORK STATUS/EMPLOYER:

Please provide name, telephone number and address of registrar in current educational or training institution. _____

AVIATION

Your Flight Instructor's Name: _____

Telephone: _____ Email: _____

Address: _____

Home Airport: _____

YOUR AVIATION HISTORY

Pilot Certificate date issued: _____ Pilot solo date: _____

Pilot PIC Hours: _____ Pilot Flight Hours: _____ Ratings: _____

Certificates: _____

Aircraft RENT or OWN: _____ Aircraft Make: _____ Model: _____

Aircraft Home Base: _____ FBO: _____ Tail # _____

How are you aware of the FPA Aviation Scholarship? _____

Name, if applicable, of FPA Sponsor/Member who referred you: _____

This application is the property of the Flying Physicians Association and is used exclusively in determining eligibility of the applicant for receipt of a \$250 scholarship.

Please note the accompanying documentation which must be submitted with the application.

- copy of student pilot/pilot certificate
- medical certificate
- copy of logbook.

**If a medical student or accepted to a medical school, a letter from the registrar confirming the status of your enrollment is necessary.*