

CONTACT INFORMATION

\Box Mr. \Box Ms. \Box Mrs. \Box M	iss		
Full Legal Name			
Preferred name			
Date of Birth	Current Age	_	
Permanent address			
		Zip Code	
Mailing address (if different from pe	ermanent address)		
City	State	Zip Code	
Email Address			
Primary Contact Number		□ Mobile □ Landline	
Alternate Contact Number	Iternate Contact Number Dobile Dandline		
If you are under 18 years of Name of parent(s) or legal gua			
Parent/Guardian Address (if dif	ferent from applicant)		
City State	e Zip Code	Contact Number	
minor child to apply in the scl	I guardian(s) of our minor chassociated with this scholarshi holarship process. I/We also	ild,understand a p application and hereby give our consent for our understand that The Lyons Aviation Foundation wil should the applicant be successfully awarded this	
Name	Signature	Date	
Name	Signature	Date	
Witness	Signature	Date	_

Schooling and Involvement

Are you currently enrolled in school? \Box Yes \Box No			
If currently enrolled in school, name of school or college: (Include full address, City, State, Zip and Website)			
Highest year of school completed. (Selected current or highest completed of High School or College)			
High School: $\Box 9^{\text{th}} \Box 10^{\text{th}} \Box 11^{\text{th}} \Box 12^{\text{th}}$			
College: \Box Freshman \Box Sophomore \Box Junior \Box Senior \Box Graduate School			
Cumulative GPA Based upon what scale Expected Graduation Date			
What is your college major? (Applies ONLY if in college)			
Are your official high school or college transcripts: \Box Attached \Box Being mailed in			
If in high school or not currently in college: Do you plan to attend college? \Box Yes \Box No			
If yes, which college			

List any involvement within the past several years that demonstrate leadership and community service. Focus on school clubs, school leadership, team or individual sports, volunteerism and/or work experience. Please include High School and College experience. (Use additional sheet(s) of paper, if necessary).

Activity	Length of Involvement	Titles or Positions	Contact Name and Phone # Of Supervisor

Have you participated in any of the following?

□ JROTC/ROTC

□ Civil Air Patrol

□ Scouting (Highest Rank achieved _____)

□ Organized Athletics (Outside of school)

Do you have any of the following?

	FAA	Ground	School	Completed?	□Yes	□No
--	-----	--------	--------	------------	------	-----

FAA Class 1,2, or 3 Medical Certificate? UYes UNC
--

FAA Student Pilot Certificate? □Yes □No

Are you currently receiving flight instruction at a Part 141 or 61 Flight School? □Yes □No

Any Dual Flight Instruction Hours? □Yes □No

If Yes, how many hours of flight instruction received? Hours _____

List any academic honors or awards, leadership and service volunteer accomplishments, other scholarships or special recognition you have earned: (Continue in additional sheets if necessary)

1. What are your personal goals for obtaining a Private Pilot license? (300 Words)

2. Describe your goals. What do you aim to achieve in the near and long term. Where do you see yourself in 5 years? (500 words)

Letters of Recommendation

Please attach two (2) letters of recommendation from individuals who can assess your qualities, characteristics, and capabilities of your character. They should have first-hand knowledge of your work habits and achievements, along with an understanding of what your ultimate pursuit is, by applying for this scholarship.

When thinking about who to ask to write your letter of recommendation, consider asking one of your teachers that you have worked with in school and who knows you on a personal level. You can also ask your school counselor, employer, coach, mentor, or another adult that will be excited to help you succeed. Asking someone who you have mutual respect for, knows your best skills, and is invested in your future will make your recommendation letter stand out.

Do not ask your parents or other family members to write the recommendation letter. We want to hear from someone who you have impressed, worked for, or taken classes from.

Recommendation letters must include length of time the individual has known the applicant and in what capacity. Specific examples should be used to describe the attributes of the applicant.

Limit your letter to one page.

Recommendation #1 Information
Name
Email Address
Primary Contact Number
Recommendation #2 Information
Name
Email Address
Primary Contact Number

Final Thoughts

We thank you for your time and effort to complete this application.

Is there anything else you'd like to tell us?

I hear by certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge.

Furthermore, I acknowledge that if I attain my Private Pilot Certificate (by successfully passing the flight evaluation/check ride) prior to 31 March 2025 I must immediately notify the Foundation, since applicants already possessing a PPC are not eligible for an award.

Signature

Date

(INFORMATION IS OPTIONAL AND NOT USED IN SELECTION PROCESS)

How did you receive information about The Lyons Aviation Foundation?

 \Box Website \Box School \Box Word of Mouth \Box Internet Search \Box Other