

**Friends of Albert Whitted Airport
Intermediate Scholarship Application 2024**

Eligibility for \$5,000 (five thousand dollars) Advanced Flight Training Scholarship:

- **Must be between 16 and 24 years old by application deadline**
- **Must have at least 4 hours logged flight time with a Student Pilot License working toward a Private Pilot License**
- **Must be a US Citizen or have a TSA - FTSP at time of application**
- **Must be a resident of St Petersburg, FL OR Pinellas Co. resident currently enrolled as a student at a Pinellas Co school**

Limitations

- **FOAWA's Flight training partner is St Pete Air for all scholarships. All flight training must be done at St. Pete Air**
- **St Pete Air provides reduced rates for scholarship recipients**
- **Scholarship funds are paid directly to St. Pete Air for the recipient's flight training up to the limit of the scholarship**
- **Prior scholarship recipients who used their scholarship funds may apply for an additional scholarship**
- **Scholarships will be awarded at the sole discretion of Friends of Albert Whitted Airport**

Name: _____

Address: _____

Email: _____

Phone: _____

Date of Birth: _____

Will you be between 16 and 24 years old by the application deadline?

___ Yes

___ No

Are you currently a resident of St. Petersburg or Pinellas Co?

___ St Petersburg

___ Pinellas Co.

___ No

Are you a United States Citizen?

___ Yes

___ No

If you are not a United States Citizen, do you have current TSA approval for flight training at St. Pete Air?

(if no, you will be required to obtain approval at your expense before flight training can begin)

- Yes
- No

How many flight hours have you logged? _____

How many flight hours have you logged in the past 12 months? _____

Please provide a copy of the most recent two pages of your logbook.

Have you already completed:

- Solo
- Cross Country
- None

Have you completed your FAA Private Pilot written exam?

- Yes
- No

If yes, what was the date of your exam? _____

Do you hold a valid FAA-issued medical certificate?

- Yes
- No

If yes, what was the date of your last exam? _____

Do you have a DUI, felony conviction or medical issue which would prohibit you from obtaining a flight medical or license?

- Yes
- No

Will you be able to use your scholarship funds within a year of receiving the scholarship?

- Yes
- No

What is your gender? _____

What is your ethnicity (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latin or Spanish Origin
- Native Hawaiian or other Pacific Islander
- White
- Other
- I prefer not to say

Do you have a disability as defined by the Americans with Disabilities Act?

- Yes

No

What's your current employment status? Student
 Student and Employed
 Employed
 Unemployed
 Other

If you are currently a student, where do you go to school? _____

If you are a student who is also working, how many hours a week do you work? _____

Do you have plans to go to another school or college within the next year?

Yes

No

If so, where ? _____

Total Household Annual Income: \$0 - 35,000
 \$35,000 - 65,000
 \$65,000 - 110,000
 \$110,000 - 150,000
 \$150,000 - 250,000
 \$250,000+

How many people does this income support? _____

What is the highest level of education you have completed?

Some High School
 High School Diploma or GED
 Some College
 AA Degree
 BA Degree or higher

Do you volunteer for any aviation or non-aviation activities?

Yes

No

If so, how many hours a week do you volunteer for aviation and non-aviation activities? _____

Please name the organizations you volunteer for:

Please list all other aviation-related clubs, organizations you have been a member of or participated in:

Please provide a written essay in which you respond to the following questions:

1. Describe why you are the best candidate to receive this award.

2. Describe what aviation means to you and how you plan to contribute to the aviation community.

3. Describe the obstacles you foresee needing to overcome in order to complete your training.

4. If applicable, state any special personal or family circumstance affecting your need for financial assistance.

Please provide at least two letters of recommendation from someone not related to you, but who knows you well. Those letters should include the person's name, Email address and relationship to you (for example, teacher or counselor).