

APPLICATION FOR THE COMPETITION SCHOLARSHIP
Administered by Women Soaring Pilots Association

Name _____ Area Code/Phone _____

Address _____
Street City State Zip

Cell Phone _____ e-mail _____

Pilot Certificate # _____ SSA member # _____

This scholarship is open to women who are experienced licensed glider pilots seeking to enter into soaring competition. Applicants must be members of WSPA and SSA and residents of the U.S. \$500 will be given directly to the chosen recipient.

Please enclose the following:

1. An essay of 500 words or less explaining your goals and previous experiences as they relate to gliders and how this scholarship will help you meet your goals.
2. A photo, preferably with a glider, that we may use in our publicity.
3. A copy of your pilot certificate (front and back).
4. A copy of your latest entry in your logbook.
5. Documentation that you have been accepted to fly in a specific Regional or National SSA sanctioned contest.

Application deadline is May 15. Mail application to: (do not e-mail)

Phyllis Wells
1938 15th Street
Penrose CO 81240

If you have questions call 719-372-0410 or e-mail: pwells1634@aol.com

I agree to let WSPA use the enclosed photo(s) for their publicity purposes.

Signature Date

