

APPLICATION FOR THE SKY GHOST SCHOLARSHIP
Administered by Women Soaring Pilots Association

Name _____ Area Code/Phone _____

Address _____
Street City State Zip

Cell Phone _____ e-mail _____

Date of Birth _____ Grade in School _____

Pilot Certificate # _____ SSA member # _____

This scholarship is open to women under the age of 25 who are student glider pilots. Applicants must be members of WSPA and SSA or an equivalent organization if living outside the U.S. The scholarship may be used at any glider port (commercial or club). \$500 will be deposited at that glider port in the recipient's name. It is to be used for training toward a Private Glider Certificate.

Applications are reviewed by a committee of three WSPA members. They are judged primarily on realistic goals and dedication to those goals.

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 student pilot certificate (front and back).
4. A copy of your latest entry in your logbook.
5. Any other evidence that indicates your dedication to obtaining your goals.
6. The name and address of the glider port where you plan to take your training.

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

