

FLORIDA SPACEPORT CHAPTER  
THE NINETY-NINES, INC.  
2289 Cox Road  
Cocoa FL 32926

APPLICATION FOR THE MARY BLACKWELL – ANNE WALKER MEMORIAL SCHOLARSHIP

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This scholarship is to assist a woman towards a career in the aviation field by providing \$1500 towards flight training. The money can be used towards any rating or certificate except Private Pilot.

I. To be eligible, you must be: 1) a female, 2) at least 18 years old, 3) at least a Private Pilot, 4) living in, or be a permanent resident of The 99s South East Section, 5) of financial need and (6) must have a desire to make the field of aviation your career. (The 99s Southeast Section includes FL, GA, NC, SC, AL, MS, LA & TN.)

II. Each application package should include:

- Application form, all 3 pages completed, and notarized
- Letter telling a) what certificate or rating you will use it towards, b) how you became interested in an aviation career, c) your reason for applying for this scholarship, d) why you need financial assistance, and e) how this training will further your career.
- Letter of reference
- Wallet size head and shoulder photograph
- A copy of your Pilot Certificate, Medical Certificate, and, if applicable, flight review endorsement.
- Disclaimer form, completed and signed
- Any other information you think will help the scholarship committee choose you to receive this scholarship

III. Submit THREE complete application packages.

IV. Applications are judged on your: a) demonstration of financial need, b) desire to pursue a career in aviation, c) ability to be an ambassador, representing women in aviation, d) likelihood of success at reaching your goals, and e) neatness and completeness of application package. Application packages will not be considered unless they are completed as specified and in triplicate.

V. Mail the application in triplicate to the address above. Applications must be postmarked between March 1 and May 1.

NAME: \_\_\_\_\_

LOCAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS (if different) \_\_\_\_\_

TELEPHONE: BUSINESS \_\_\_\_\_ RESIDENCE: \_\_\_\_\_

CERTIFICATES & RATINGS: \_\_\_\_\_ TOTAL FLIGHT HOURS: \_\_\_\_\_ DATE OF MEDICAL: \_\_\_\_\_

DATE OF BFR: \_\_\_\_\_ DATE OF FLIGHT REVIEW \_\_\_\_\_

AGE: \_\_\_\_\_ MARRIED ? \_\_\_\_\_ HUSBAND'S NAME: \_\_\_\_\_

PRESENT POSITION (List employer's Name and Address): \_\_\_\_\_

\_\_\_\_\_

PREVIOUS POSITION: \_\_\_\_\_

\_\_\_\_\_

HUSBAND'S POSITION & EMPLOYER: \_\_\_\_\_

DISCLAIMER

Neither the Florida Spaceport Chapter of the Ninety-Nines, Inc. , The Ninety-Nines, Inc., nor their members, agents, or representatives, are responsible for, nor are liable for, the quality of any training, incident, or any other event which may occur while the recipient of this scholarship is performing flight training or activities relating thereto. The applicant signed below agrees to this disclaimer.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_