

CAPTAIN ANDY HUGHES MEMORIAL AVIATION SCHOLARSHIP

Scholarship Application

Applicant Information					
Full Name:				Date:	
Address:	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:		Email			
Certificate Number:		Date of Issue:			
Ratings:					
Airplane Single Engine Land		Airplane Multi			
	4	Engine Land			
Hours:					
Total Time:			PIC Time:		
Education					
Flight Progra	im:	Address:			
Date			Contact		
Started:			Name:		

Contact	Contact
Number:	Email:

References

Please list two references. References must be flight instructors or a pilot holding an ATP rating that has flown with you on more than one occasion.

Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Attachments					

Please include the following with your application:

- A 500 word essay explaining why you wish to become a commercial pilot and your career goals subsequent to flight school
- Letters from both references included above

Please email completed application and attachments to ajhmemorialfund@gmail.com.

Signature

Signature:

Date: