



SCHOLARSHIP APPLICATION
Women Soaring Pilot Association

NAME _____ PHONE _____

AERA CODE/PHONE _____ e-mail _____

ADDRESS _____
Street City State ZIP

NAME OF SCHOOL CURRENTLY ATTENDING _____ GRADE _____

STUDENT PILOT CERTIFICATE # _____ SSA MEMBER # _____

APPLYING FOR: _____ Briegleb or Flying Montague Scholarship: \$500 for use at the Women Soaring Seminar for student pilots of any age

_____ Sky Ghost Scholarship: \$500 for use at any Glider School or Club for female students under the age of 25

Use space below to describe your flying goals, and how this scholarship will assist in meeting your goals. Include name and address of glider operation if applying for Sky Ghost scholarship

Send to: Phyllis Wells, 1938 15th Street, Penrose CO 81240, by May 1, 2004
If you have questions call 719-372-0410 or pwells1634@aol.com