



Build-A-Pilot, Corp. Scholarship

Applicant Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone (home): _____ Phone (cell): _____

Date of Birth: _____

School Attended: _____

Grade Level: _____

Do you have a relative or friend who is a pilot? Yes ___ No ___
If yes, what is their name and relationship to you?

Have you ever been a passenger in an aircraft other than a commercial airline? Yes ___ No ___
If yes, when and what aircraft?

Can you devote at least 10 hours per month to ground and flight training? Yes ___ No ___

Have you had any formal education in aeronautics? Yes ___ No ___
If yes, where, and when?

Do you belong to any aviation related organizations? Yes ___ No ___
If yes, which ones?

Do you plan a career in any aviation related organizations? Yes ___ No ___
If yes, which ones?

Do you have any serious health problems that might prevent you from passing a routine physical examination?
Yes ___ No ___



Have you read the attached requirements for the scholarship program and can you meet all of those requirements?
Yes ___ No ___

Parent or Guardian Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone (home): _____ Phone (cell): _____

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian Approving: _____

Applicants must complete and return application no later than May 31st, 2018 to:

**Build-A-Pilot, Corp.
136 Twin Arch Rd
Washingtonville, NY 10992**