

**APPLICATION FORM**  
**COMPETITION SCHOLARSHIP**  
**Administered by the Women Soaring Pilots Association**

Name \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Pilot Certificate # \_\_\_\_\_ SSA member # \_\_\_\_\_

This scholarship is open to women who are experienced licensed glider pilots seeking to enter into soaring competition. Applicants must be members of WSPA and SSA and residents of the U.S. \$750 will be given directly to the chosen recipient.

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 pilot certificate (front and back).
4. A copy of your latest entry in your logbook that show total hours/flights.
5. Documentation that you have been accepted to fly in a specific Regional or National SSA sanctioned contest.

**Application deadline is May 15.. Mail application to:**

**Phyllis Wells**  
**P.O. Box 278**  
**Aguila AZ 85320**

If you have questions call 719-429-4999 or e-mail: [scholarships@womensoaring.org](mailto:scholarships@womensoaring.org)

I agree to let WSPA use the enclosed photo(s) for their publicity purposes \_\_\_\_\_

\_\_\_\_\_  
Date

Signature

