

**APPLICATION FORM**  
**SKY GHOST SCHOLARSHIP**  
**Administered by the Women Soaring Pilots Association**

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

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

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

Date of Birth \_\_\_\_\_ Grade in School \_\_\_\_\_

Pilot Certificate # \_\_\_\_\_

This scholarship is open to women under the age of 25 who are student glider pilots. Applicants must be members of WSPA. The scholarship may be used at any glider port (commercial or club). \$750 will be deposited at that glider port in the recipient's name. It is to be used for training toward a Private Glider Certificate.

Applications are reviewed by a committee of three WSPA members. They are judged primarily on realistic goals and dedication to those goals.

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 student pilot certificate (front and back).
4. A copy of your latest entry in your logbook that shows total flights/hours.
5. Any other evidence that indicates your dedication to your soaring goals.
6. The name and address of the glider port where you plan to take your training.

**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

