

# The Dave Cunningham Memorial NCSA Scholarship

## Application Form

Application Date \_\_\_\_\_  
Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grade Level \_\_\_\_\_ GPA \_\_\_\_\_ (Attach last report card or letter from school verifying current GPA)

Are you attending any aviation classes? No Yes What kind of class (es)? \_\_\_\_\_  
Have you had any flight training? No Yes What type of aircraft? \_\_\_\_\_  
How many hours of flight training have you had? \_\_\_\_\_ Have you soloed? No Yes  
Do you hold any FAA Ratings? \_\_\_\_\_  
Do you work? No Yes Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Is there a family financial need for this scholarship assistance Yes No

### Parents/Guardian Consent:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address same as applicant Yes (If more than one address use back of application and check here )  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact information and any special Instructions:

Consent by parent or guardian of a minor applicant: I/We give consent for \_\_\_\_\_  
to apply for the Dave Cunningham Memorial NCSA Scholarship which will provide a financial grant for the  
purpose of glider flight training, and I/we do consent to allow him/her to receive such flight training as  
deemed appropriate by a Certified Flight Instructor (CFI). We confirm that all information submitted in this  
application is correct.

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

The scholarship if awarded is for \$1,000 usage costs and expires after 12 months if not used completely. The scholarship may be renewed if requested to the NCSA Board. The scholarship is not a full scholarship and some flight costs will be the responsibility of student. The scholarship may be revoked if the student's school grades falls below 2.5 GPA.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_