Illinois Pilots Association Memorial Scholarship Application (electronic submission version)

Name		
Last	First	Middle
Home Address:		
Street or RR#	State:	7in·
County:		Zip:
Date of Birth	Telephone () Place of Birth	
Date of Birth	Place of Birtin	
If you are awarded the IPA Mapplied?	femorial Scholarship, to whi	ch Illinois college will it be
Year of school completed by	June, 2017:	
Major:	Minor:	
Career Interests:		
	a teacher who has had yo	rences and indicate their relationship to ou in class. Please supply their email lations by email.
1.		
2.		
3.		
Activities: (List participation need.)	n, offices held, awards, hono	ors, etc., and take as much space as you
Athletics:		
School Organizations	:	
Other organizations, s	significant interests, hobbies	and/or activities:

Briefly state, in your own words, the reasons you feel you deserve this scholarship. Please include a discussion of your past accomplishments and your future goals, as well as your financial need. Please use as much room as you need.

Return completed form to: Illinois Pilots Association

c/o Kimberly Bush PO Box 276 Liberty, IL 62347

or email this top portion as a text attachment to kbush@illinoispilots.com. Please note that the Signature Form at the end of this application must be detached and mailed in.

Completed application must be received by March 31, 2017.

The completed application must include:

- 1. this form;
- 2. current college transcript (if transcript is for less than two terms, send other evidence of scholarship as well, such as high school transcript, ACT scores, etc.);
- 3. three letters of reference (use Recommendation forms provided),
- 4. and a signed and dated Signature Form, which must be mailed.

An unofficial transcript will be accepted. The recipient will be required to submit an official, sealed transcript.

*******	**************************************	**********
I emailed the first portio (month/day/year):	n of my application for the IPA	Memorial Scholarship on
Print full name:		
Signature of Applicant _		Date
Detach and return compl	leted Signature Form to:	
	Illinois Pilots Association c/o Kimberly Bush PO Box 276	1

Occasionally, other aviation organizations offer memorial or other special scholarships. Please initial here if you are willing to have your completed application shared with such organizations.

Liberty, IL 62347

RECOMMENDATION

(electronic submission version)

(Insert applicant's name) is applying for the Illinois Pilots Association Memorial Scholarship and is listing you as a reference on the application. This scholarship is to be used toward an aviation-oriented career.

If you feel that you would like to write a letter, either in place or in addition to this form, please do not hesitate to do so. We assure you that any information will be held in confidence.

Please take as much space as you wish for the following four questions.

- 1. In what capacity do you know the applicant?
- 2. What are the applicant's strongest characteristics?
- 3. What are the applicant's weakest characteristics?
- 4. If you are a teacher, in what subject areas?
- 5. How would you rank the applicant on the following? (Please erase the rankings that do not apply.)

Imagination	Poor	Average	Good	Excellent
Initiative	Poor	Average	Good	Excellent
Responsibility	Poor	Average	Good	Excellent
Emotional Stability	Poor	Average	Good	Excellent
Leadership	Poor	Average	Good	Excellent
Ability to work with others	Poor	Average	Good	Excellent
Work Habits	Poor	Average	Good	Excellent
Self-motivation	Poor	Average	Good	Excellent
Intelligence	Poor	Average	Good	Excellent
Communication	Poor	Average	Good	Excellent

**********	*******	*******
Recommender's name:		
Address		
Street or RR#		
City	State	Zip
Daytime Telephone ()		
Print and return completed form to:	Illinois Pilots Association c/o Kimberly Bush PO Box 276	

Liberty, IL 62347

Please comment on any factors (assets, liabilities, circumstances, etc.) which you feel should be taken into consideration in our evaluation of this applicant. Please take as much space as you

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wish.

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Self-motivation	Poor	Average	Good	Excellent
Intelligence	Poor	Average	Good	Excellent
Communication	Poor	Average	Good	Excellent

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Street or RR#		_
City	State	Zip
Daytime Telephone ()		
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	PO Box 276	
	Liberty, IL 62347	

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