

SCHOLARSHIP APPLICATION



| APPLICANT INFORMATION | | | | | | | |
|---------------------------------|---------------------------------|-------|-------------------------------------|------------------|-----|--|--|
| Last Name | | First | | M.I. | | | |
| Street Address | | | | Apartment/Unit # | | | |
| City | | | State | | ZIP | | |
| Phone | | Ext. | | E-mail Address | | | |
| DOB | | | Social Security No. | | | | |
| Scholarship track applying for: | <input type="checkbox"/> Career | | <input type="checkbox"/> Non-Career | | | | |
| Prior STB Funding: | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | | | | |

| MILITARY SERVICE | | | | | | | |
|--|------------------------------------|--------------------------------|---------------------------|--------------------------------------|--|-------------------------------|--|
| <input type="checkbox"/> Air Force | | <input type="checkbox"/> Army | | <input type="checkbox"/> Coast Guard | | <input type="checkbox"/> Navy | |
| <input type="checkbox"/> Current Servicemember | | Unit: | | Start of Service Date: | | | |
| <input type="checkbox"/> Separated/Retired Veteran | | Service from: | | To: | | | |
| Rank/Grade at Separation/Retirement: | | | | | | | |
| Discharge Status: | <input type="checkbox"/> Honorable | <input type="checkbox"/> Other | If other, please explain: | | | | |

| EDUCATION | | | | | | | |
|-------------------|--|----|--|------------------------------|------------------------------|-----------------------------|--------|
| High School | | | | City/State | | | |
| Did you graduate? | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | |
| College | | | | City/State | | | |
| From | | To | | Did you graduate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Degree |
| Other | | | | City/State | | | |
| From | | To | | Did you graduate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Degree |

| CURRENT EMPLOYMENT (IF APPLICABLE) | | | | | | | |
|---|--|--|-------------------|---|--|-----------------------------|--|
| Company | | | | Supervisor Name/Rank (list current supervisor if active military) | | | |
| Location | | | | Supervisor Phone and E-mail | | | |
| Job Title | | | Responsibilities: | | | | |
| May we contact your supervisor for a reference? | | | | <input type="checkbox"/> YES | | <input type="checkbox"/> NO | |

| REFERENCES | | | |
|---|--|--|--------------|
| Please list three professional references. | | | |
| Full Name | | | Relationship |
| Company | | | Phone |
| E-mail Address | | | |
| Full Name | | | Relationship |
| Company | | | Phone |
| E-mail Address | | | |
| Full Name | | | Relationship |
| Company | | | Phone |
| E-mail Address | | | |

QUALIFICATIONS

| Certificates Held (Check all that apply) | | | Certificates Sought (Check all short and long term goals) | | |
|--|-------------------------------------|---------------------------------|--|-------------------------------------|---------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary | <input type="checkbox"/> Private | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary | <input type="checkbox"/> Commercial | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary |
| <input type="checkbox"/> Airline Transport Pilot (ATP) | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary | <input type="checkbox"/> Airline Transport Pilot (ATP) | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary |
| <input type="checkbox"/> Instrument | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary | <input type="checkbox"/> Instrument | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary |
| <input type="checkbox"/> Multi-Engine | | | <input type="checkbox"/> Multi-Engine | | |
| <input type="checkbox"/> Certified Flight Instructor (CFI) | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary | <input type="checkbox"/> Certified Flight Instructor (CFI) | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary |
| <input type="checkbox"/> Certified Flight Instructor Instrument (CFII) | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary | <input type="checkbox"/> Certified Flight Instructor Instrument (CFII) | <input type="checkbox"/> Fixed Wing | <input type="checkbox"/> Rotary |
| <input type="checkbox"/> Multi-Engine Instructor (MEI) | | | <input type="checkbox"/> Multi-Engine Instructor (MEI) | | |
| <input type="checkbox"/> Other: | | | <input type="checkbox"/> Other: | | |
| Total time: | Airplane: | Rotary: | Multi-Engine: | Weather/Hood: | |

| | |
|--|--|
| If awarded, which certificate will the Stripes to Bars scholarship go toward? | |
|--|--|

TRAINING GOALS

| | | | | | |
|---|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| Do you have a training site identified? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If yes, have they been approved by STB? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| List flight school or instructor name: <i>(See stripetobars.org for a complete list of approved training locations and the application for flight school/instructor approval)</i> | | | | | |
| Estimated commute time to training facility: | | | | | |
| Estimated availability for training (per week): | | | | | |
| Estimated total completion time for all certificates sought: | | | | | |
| Total projected cost for all certificates sought: | | | | | |

PERSONAL RESPONSE

All responses should be 1-3 paragraphs each, typed or legibly handwritten.

1. Please describe your financial need for a Stripes to Bars scholarship.
2. Please describe your short and long-term goals for transitioning out of the military and how a Stripes to Bars scholarship will help you achieve them.
3. Describe something about yourself that you think the Stripes to Bars review committee would be interested in knowing.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in my disqualification to receive scholarship funding from Stripes to Bars.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

APPLICANT CHECKLIST

| | | |
|---|---|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> DD214 (retired/separated) | <input type="checkbox"/> ORB/ERB (current) |
| <input type="checkbox"/> Letter of Recommendation | <input type="checkbox"/> From military supervisor (current servicemember) | <input type="checkbox"/> From professional reference (retired/separated) Veteran |
| <input type="checkbox"/> Copy of FAA Medical Certificate (1 st class for career track, 3 rd class for non-career) | | |
| <input type="checkbox"/> Training site application (if not already approved) | | |
| <input type="checkbox"/> All personal responses | <input type="checkbox"/> Professional resume | |