

Pilot International Scholarship Application



The Pilot International Scholarship, established in 1988 to provide financial assistance to undergraduate students preparing for a career working with youth leadership and development, helping people with brain safety or fitness, or caring for families during times of need. Scholarships are awarded for financial need, academic success, and application contents. Scholarships are awarded for one academic year. A student may re-apply and be granted the Pilot International Scholarship for no more than three additional years. Award amounts may vary, but will not exceed \$1,500 per year. Applicants must be full time students and if awarded a scholarship must remain a full time student for the duration of the scholarship.

Applications and all materials are due and must be postmarked by March 15, 2020. The Scholarship Committee will select the award recipients and recipients will be announced by May 2020. Additional eligibility requirements are listed below. To apply, complete the attached scholarship application form and submit all required items to piffscholarships@pilothonq.org by 5 pm on March 15, 2020.

PLEASE NOTE: Scholarship funds will be disbursed after the upcoming semester grades have been submitted to headquarters.

REQUIRED ITEMS TO BE INCLUDED WITH THIS APPLICATION

1. Your resume (include extracurricular and/or community activities).
2. A recent original transcript, but not necessarily officially sealed.
3. The attached form regarding your finances. Also attach a typed paragraph explaining your financial need or how a scholarship can assist you financially.
4. Proof that you have submitted your FAFSA for the 2020-2021 year.
5. A typed short essay (1 – 2 paragraphs) describing your career goals and how a Pilot International scholarship can help you achieve these goals.
6. Two letters of recommendation (teacher/professor or employer)

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SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____
LAST FIRST MIDDLE

CURRENT ADDRESS: _____
ZIP CITY STATE

PERMANENT ADDRESS: _____
CITY STATE ZIP

DATE OF BIRTH: _____ HOME PHONE: _____ WORK PHONE: _____

SINGLE MARRIED DEPENDENTS: YES NO IF YES, # OF DEPENDENTS _____

Current Status: (check one) Undergraduate Graduate Major: _____

Will you be a full-time graduate (9 hrs.) or undergraduate (12 hrs.) student in the Fall 2020 term? Yes No
If no, then you are **not** eligible for this scholarship.

Although not necessary, are you being sponsored by a Pilot Club? If so, please list the name of the Pilot Club, Contact Name and Address: _____

EMPLOYMENT RECORD

Dates Position (most recent, first) Employer

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you considering a career in the field of youth development, leadership, brain safety & fitness, and/or caring for families in need? Yes No

Would you like to be contacted by a Pilot Club? Yes No

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**IMPORTANT: PRINT OR TYPE FORM LEGIBLY AND COMPLETELY. APPLICATIONS WILL NOT BE CONSIDERED
IF THEY ARE INCOMPLETE OR ILLEGIBLE**

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FINANCIAL DATA

Annual Sources of Anticipated Revenue and Expenses for the 12-month period:

January 1 - December 31, 2020

REVENUE

Amount earned by applicant: \$

Amount earned by spouse (if applicable):

Amount received from parents (including value of food and lodging if living with parents):

Amount received from scholarships:

(list source)

Amount received from other sources:
(please specify) _____

Total Revenue: \$

EXPENSES

Housing:

Food:

Transportation:

Tuition, books and supplies:

Other expenses:
(please specify)

Total Expenses: \$

Does your employer offer a tuition reimbursement plan? Yes No