

Soaring Flight Education Association Application

Name:

Phone:

Address

City, State & Zip:

Email:

DOB:

Previous Flight Training:

High School & College Activities:

Education Received:

Current Employment:

Additional Information:

I, _____ certify that the statements in this application, and accompanying materials, are true and accurate, and I affirm that I have no conditions that would prevent me from safely flying and securing a pilot's license—including criminal convictions and physical, mental, and chemical health. I understand that this application will only be reviewed by board members of the Soaring Flight Education Association and flight instructors and board members of the Minnesota Soaring Club. I waive the right to access letters of recommendation written on my behalf. If selected as a SFEA scholarship recipient, I agree to actively pursue flight training by receiving training at least three times a month (during the soaring season), and after being soloed to fly no less than three times a month during the soaring season. If selected I agree to sign an indemnification waiver.

Signature

Date: