

<b>Soaring Flight Education Association Parent/Guardian Application for Teen/Minor Candidates</b>	
Parent/Guardian #1 Name:	Phone:
Address:	
City, State & Zip:	
Email:	
Why Do You Want Your Teen to Fly:	
What Are You Committing to Do to Help Your Teen Fly:	
Recognizing that Learning to Fly Requires Significant Time, Energy, and Studies, What Will You Do to Assure Your Teen Succeeds:	
<p>I, _____ certify that the statements in this application, and accompanying materials, are true and accurate, and I affirm that my child has no conditions that would prevent them 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 child's behalf. If selected as a SFEA scholarship recipient, I agree to actively support my child's flight training of at least three times a month (during the soaring season), and after being soloed flying no less than two times a month during the soaring season. Further, I understand that if accepted, both parents/guardians and the teen must sign an indemnification waiver.</p>	
Signature:	Date: