



## **RHODE ISLAND PILOTS ASSOCIATION**

Scholarship Committee  
P.O. Box 20008  
Cranston, RI 02920

Dear Friends,

The Rhode Island Pilots Association is once again offering an aviation related scholarship to residents of Rhode Island.

Included in this package you will find application requirements and an application.

Please feel free to copy these applications and requirements and pass them along to anyone you may think may qualify.

Thank you for your support.

Sincerely

Marilyn Biagetti  
RIPA Scholarship Chairman



# **RHODE ISLAND PILOTS ASSOCIATION**

## **AVIATION SCHOLARSHIPS**

**Applicants must satisfy all of the requirements listed below.**

Scholarship application must be completed *in full*, as instructed, to be considered.

Applicant must be at least 16 years of age on or before December 31, 20\_\_.(the previous year)

Applicant must be a resident of Rhode Island.

Applications must be postmarked no later than February 28, 20\_\_.(current year)

Applicant for flight training must be able to pass Class III physical before the funds are offered.

Applicant under 18 years of age must have letter of consent from parent/guardian.

Money awarded must be used for purpose for which applied.

Award must be used within 12 months or the remainder will return to the Rhode Island Pilots Association Scholarship Fund

### **Applicant must submit:**

- A complete application form.
- A personal letter (not over 2 pages in length) describing how the scholarship money would be used to pursue goals in aviation or related areas.
- A list of extra-curricular activities, hobbies, personal interests, etc.
- Two letters of recommendation, from persons knowledgeable of the applicant's goals and activities.
- Details of school record.
- Statement of likely expenses and financial need.

### **Applications should be mailed to:**

**RIPA Scholarship Chairman  
P.O. Box 20008  
Cranston, RI 02920**



## RHODE ISLAND PILOTS ASSOCIATION

### SCHOLARSHIP APPLICATION

◆ Applicant is responsible for ensuring that all information required by the Scholarship Committee is included with this application

◆ Application must be mailed to: Rhode Island Pilots Association  
Scholarship Chairman: Marilyn Biagetti  
P.O. Box 20008  
Cranston, RI 02920

For further information call: 401 568 3497

◆ Application must be postmarked no later than February 28<sup>th</sup> of the current year.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: (evening) \_\_\_\_\_ (daytime) \_\_\_\_\_

Highest education level achieved: \_\_\_\_\_ Year: \_\_\_\_\_

Work History: \_\_\_\_\_ Full time? \_\_\_ Part time? \_\_\_

Employer's name and position: \_\_\_\_\_  
(continue on another page if necessary)

Career goal: \_\_\_\_\_

- I am a resident of Rhode Island and at least 16 years of age.
- If I receive this award, I will carry out the training or educational program for which the scholarship is requested within one year of the date of the award.
- I understand that the funds are to be used ONLY for the purpose for which I am applying.
- I will communicate in writing with the Scholarship Chairman to inform him of my progress, and be willing to meet one time during the year with the Committee.
- I attest to the fact that my application reflects an honest appraisal of my ability and desire to complete the goals herein.

I certify that the above statements and all the information in this application are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Attachments:

- Personal letter outlining interests and goals in aviation or related fields
- List of extra-curricular activities, hobbies, etc.
- Details of school record
- Two letters of recommendation (one page each)
- Statement of likely expenses and financial need