

Mail Completed Application to:

Postmark Deadline: **May 30th**

**Laze Soaring Scholarship, P. O. Box 22693
Bakersfield, California 93390**

Laze Memorial Soaring Foundation APPLICATION FORM

Date of Application: _____

Background

Name: _____ Age: _____ (14+ yrs)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (cell) _____ DOB: _____

M / F (Circle one) _____ Email: _____

Flying Experience

Sailplane: No. of flights _____; Total hours _____; Solo Y / N

Date/Location of first flight: _____

Types of aircraft flown: _____

Other flying experience (hang gliding, powered aircraft, ballooning)?

Types:

Non-flying Soaring Activity

SSA Member? Y / N _____ Club Associations? (Name) _____

Explain your participation to date in any soaring/ground-related activities:

List aviation memberships: _____

Interest in Flight

On a separate sheet of paper and not in excess of 500 words, detail your interest in flight (what has encouraged you to fly, i.e. RC modeling, air shows, science fiction, other pilots) and what is it that you can offer to the field of aviation for the future.

APPLICATION FORM - Page 2



Academic Accomplishments

School(s) attended (with city and state): _____

School/High School Cum GPA: _____ Graduated H.S.? Y / N Date of Grad: _____

College/University Cum GPA: _____ Date of Grad: _____

(Attach proof of GPAs)

List all academic achievements (ie. honors, awards, scholarships, advance placement):

Outside Activities: (team, leadership abilities)

School/Church/and/or other outside clubs/groups: _____

Community involvement/service: _____

Sports: _____

Other Hobbies/Interests: _____

Explain your financial need to begin or continue soaring?

By signing below I certify that the information I provided above is true.

Signature of Applicant: _____

Print Name: _____

If minor, parent signature: _____

Print Name: _____