APPLICATION FOR AVIATION CAMP SCHOLARSHIP

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Address _____
Street City State/Zip Code

Date of Birth _____ Phone No. _____

In case of an emergency, notify _____
Phone No.

SCHOOL _____

CAREER GOALS _____

EXTRACURRICULAR ACTIVITIES _____

_____

Give a brief statement of your interest in flying _____

_____

_____

Why do you feel that we should pick you for the aviation camp scholarship? _____

_____

_____

STUDENT CRITERIA: **Applicant must be 10 to 15 years of age.**

Return Application to: **Bowling Green-Warren County Regional Airport**
1000 Woodhurst Street
Bowling Green, KY 42103

Or Fax to: **270-842-7245**