

Jacob Pfingsten Memorial Minnesota Wing Flight Academy Scholarship Application 2009

Name: _____ CAPID: _____

Address: _____ CAP Grade: _____

City: _____ State: _____ Zip: _____

Squadron: _____ Charter Number: _____

CAP Join Date: _____ Academic Grade Point Average: _____

Squadron Positions Held	Date From	Date To

Wing, Region or National Activities Attended	Position if Any	Date

School Extracurricular Activities	Date From	Date To

Volunteer Services	Hours per Week	Total

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Describe Your Goals in CAP:

I agree to be the above named cadet's Flight Instructor and provide private pilot training in the next year so this cadet can attain their FAA private pilot's certificate if they are selected for this flight scholarship.

CAP Flight Instructor: _____

CAP Flight Instructor's Signature: _____

As the Squadron Commander of the above named cadet, I approve this application for this scholarship and if the cadet is chosen to receive the scholarship will support their flight instruction by the above named instructor pilot.

Squadron Commander: _____

Commander's Signature: _____

I am applying for this scholarship to continue my private pilots training after my graduation from Minnesota Wing Flight Academy to attain my FAA private pilot certificate in the coming year.

Cadet's Signature: _____

As the parents of the above named cadet I approve this application for this scholarship to receive funding to continue his/her training to receive their FAA private pilot certificate using CAP aircraft and Flight Instructors.

Father or Guardian Name: _____

Father or Guardian Signature: _____

Mother or Guardian Name: _____

Mother or Guardian Signature: _____