

# EAA CHAPTER 186 PRIVATE PILOT GRANT APPLICATION

## I. PERSONAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT OR GUARDIAN NAME (If applicant is under 18 years old):

\_\_\_\_\_

ADDRESS (If different than applicant): \_\_\_\_\_

\_\_\_\_\_

## II. AVIATION EXPERIENCE

A. Do you have any previous flying (hands on) experience?  Yes  No

B. Are you currently taking flight training?  Yes  No

If yes, please provide the following:

1. Teaching Facility Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

2. Do you have a medical certificate?  Yes  No

3. Have you completed an accredited ground school program?  
 Yes  No

4. If you have not completed a ground school course, how do you plan to accomplish this?

Attend an accredited ground school

Home/Personal Study

Other \_\_\_\_\_

Don't know

5. Flying Experience:

I have soloed  Yes  No

I have flown at least one cross country flight  Yes  No

Total hours to date:

Dual: \_\_\_\_\_ hours

Solo: \_\_\_\_\_ hours

### III. GRANT REQUIREMENTS

A. Applicant must be between the ages of 16 to 20 years old.

B. Individual selected to receive grant monies will be required to perform the following:

1. During the course of your flight training, you will be expected to attend at least two (2) Chapter meetings and present a brief talk about your flight training; and

2. You will be expected to attend at least two (2) Chapter events (e.g., Young Eagles Rallies, Fly-In, etc.) and volunteer your time to assist the Chapter.

### IV. GRANT POLICY

A. Grant Amount: \$ 2,000.00



**VI. CERTIFICATION**

**I do hereby make application for the Private Pilot Grant and do attest that the information I have provided is correct. I further attest that if selected, I will abide by the conditions set forth above.**

**Grant Application's Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Parent or Guardian Signature: \_\_\_\_\_**

**(If applicant is under 18 years old)**

**Date: \_\_\_\_\_**

**VII. CHAPTER USE**

**Grant Amount: \$ 2,000.00**

**Having reviewed the above application, I  do/ do not recommend this individual for grant consideration.**

\_\_\_\_\_  
**Youth Activities Coordinator**

\_\_\_\_\_  
**Date**

**By order of the Board of Directors, I hereby  approve/ disapprove this grant application.**

\_\_\_\_\_  
**Chapter 186 President**

\_\_\_\_\_  
**Date**