



# COLORADO PILOTS ASSOCIATION, INC.

P.O. Box 200911, Denver, Colorado 80220-0911

## 2018 SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Street City State Zip Code

Telephone (\_\_\_\_ Cell/\_\_\_\_ Home) E-Mail Address

Colorado Resident starting date: \_\_\_\_\_

United States Citizen (check)? \_\_\_\_ Yes \_\_\_\_ No

Name of School : \_\_\_\_\_

Degree sought: \_\_\_\_\_

College GPA (if available): \_\_\_\_\_

Year (check): \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

**Educational Background.** Graduating High School attended:

\_\_\_\_\_  
Name City State Unweighted GPA

Years attended: From: \_\_\_\_\_ To: \_\_\_\_\_

**Work/Volunteer Experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Typed One-Page Essay.** What are your aviation career goals?

**Declaration & Agreements:**

If awarded a scholarship, I understand the scholarship is only to be used for reasons that are given by the Colorado Pilots Association, Inc.'s ("CPA") Scholarship Program at the time of issuance. The funds will be given directly to the Participating Academic Institutions under the Disbursement of Funds identified in the CPA Scholarship Program. If I deviate from this agreement, I will have no legal right to the scholarship funds. The funds may be issued in increments as I progress and may be cancelled at any time, if I fail to progress in completing the aviation training and education courses for which I committed in this application.

I certify that all information in this application is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If applicant is under the age of 18, a parent or legal guardian must also sign:

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**Disclaimer:**

Neither the CPA, nor its board members, executives, officers, chairpersons, members, agents, nor representatives are responsible for the quality of any training or education supported by the funds from this scholarship, or for any accident, incident or any other event which may occur while I am performing any educational activities relating thereto regarding any or all parts of this scholarship, and I agree to hold the CPA or the aforementioned persons harmless.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If applicant is under the age of 18, a parent or legal guardian must also sign:

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

This application must be postmarked no later than **June 1, 2018** and sent to:

Colorado Pilots Association Scholarship Committee  
P.O. Box 200911  
Denver, CO 80220-0911