

B. Give the names, addresses and phone numbers of two persons (not relatives) in your community as character witnesses:

3. Information about your school:

Check one High School [] College []
Name of School _____ Grade _____

School Address _____

GPA _____

Planned Course of Study: _____

Telephone Number (____) _____ Key Person/Counselor _____

If High School, by what colleges have you been accepted? _____
Starting Date: ____ / ____ / ____

NOTE: For Egan Scholarships, include complete transcript.

4. Academic achievement and recognition:

<u>Honor or Achievement</u>	<u>Inclusive Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Extracurricular Activities, Honors and Employment experience:

a. JROTC _____ ROTC _____ CAP _____

b. Athletic and Non-athletic Extracurricular Activities:

<u>Activity</u>	<u>Achievement</u>	<u>Inclusive Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Flying Experience:

Are you a licensed pilot? (Y/N) ___ Student ___ Private ___ Other ___

Soloed? ___ Where? ___

Current Aircraft _____ Flying hours _____

d. Employment Experience:

<u>Employer</u>	<u>Nature of Work</u>	<u>Inclusive Dates</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

e. Other Areas of Achievements or Participation not previously recognized:

<u>Activity</u>	<u>Description</u>	<u>Inclusive Dates</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Military Service: (Important; if any military service, also furnish copy of DD 214 discharge or other release papers indicating service was honorable.)

Yes ___ No ___ If yes, Branch of Service _____

From _____

<u>(Mo/Yr to Mo/Yr)</u>	<u>Highest Grade</u>	<u>Type of Service</u>	<u>Duty</u>
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List military awards and decorations received in above service:

7. **Physical Status:** For Egan scholarships include DODMERB Results (Potentially Pilot Qualified, etc. from ROTC physical).

	EXPENSES	SCHOLARSHIP/ GRANTS	EXPENSES	SCHOLARSHIP/ GRANTS
	<u>2007-2008</u>	<u>2007-2008</u>	<u>2008-2009</u>	<u>2008-2009</u>
Tuition				
Fees				
Room				
Board				
Books/Supplies				
Transportation				
Other				
TOTAL				

11. College Expenses and Scholarships:

12. University/College Fiscal Office for deposit of scholarship funds

Office: _____

Address: _____

Telephone: _____

Check payable to: _____ Social Security and Student Number if available to identify student account: _____

13. See required enclosures on Page 6.

CERTIFICATION

I certify that the information submitted above is correct to the best of my knowledge and belief.

(Applicant's Signature)

(Date)

Forward completed application to:

(Daedalian Flight Name/Number and address)

(Date)

(Flight Scholarship Chairman)

(Phone number and e-mail address)

REQUIRED ENCLOSURES:

- 1. A good photograph of yourself for publicity purposes (preferably AT LEAST 3"x5" in size.**
- 2. Complete transcript for Egan Scholarship applications (initial and recertification). Request the educational institution to send transcripts directly to the Flight Scholarship Chairman.**
- 3. Egan Scholarship applicants: Attach copy of FAA medical certificate and an annotated copy of the Flight Physical Standards Questionnaire (from CFIP Atch H-II, Page 23.)**
- 4. Applicants for a Descendant Scholarship must attach a letter stating the rank, name and number of their sponsoring Daedalian.**