

ARNOLD AND VI MILSTEAD WARREN SCHOLARSHIP APPLICATION - 2016

Name		Previous Surname	
Address		City	Postal Code
Home Phone	Work or Cell Phone	Email address	
Pilot License Number		Category and Date of last Medical	
Qualifications Held		Date Completed	
<input type="checkbox"/> Private License <input type="checkbox"/> Commercial License <input type="checkbox"/> Other		_____ _____ _____	
License/Rating in Progress		Date Written Exam Passed	
Flight Experience	Total Time	PIC	Hours flown in last 12 months
Name and Address of Flight Training Unit Chosen for Instructor Rating		Anticipated Start and Completion Dates	
		<input type="checkbox"/> Parttime <input type="checkbox"/> Fulltime	
Name of Nominator (if not applicant)			
Address		City	Postal Code
Home Phone	Work or Cell Phone	Email address	
Please provide the names and contact information for two Referees. They need not submit Letters of Reference, but will be contacted re the Applicant.			
Name of Referee 1			
Address		City	Postal Code
Home Phone	Work or Cell Phone	Email address	
Name of Referee 2			
Address		City	Postal Code
Home Phone	Work or Cell Phone	Email address	

The Applicant or Nominator should attach a statement of no more than two pages describing the applicant's personal and professional qualities which would contribute to her becoming an excellent flight instructor. **If nominated by someone else, the candidate should also submit a statement** re her personal and professional qualities. Applications should be e-mailed to vmwscholarship@bell.net or mailed to Arnold and Vi Milstead Warren Scholarship, 313266 Highway 6, R.R. 3, Durham, ON, N0G 1R0