

## **Eleanor Todd Aviation Scholarship**

The Orange County Chapter of the Ninety-Nines International Organization of Women Pilots is offering three scholarships to local women. The scholarships are to be used by the recipients towards an advanced rating or training to further their pursuit in aviation. There are two scholarships available for \$3,000 to be applied towards pilot's license or advances ratings and one scholarship for \$3,500 to be applied towards Airframe and Powerplant advancement. If there are no applicants for the \$3,500 A&P advancement scholarship, it may be awarded to flight training at the discretion of the scholarship committee.

### ***Eligibility***

1. Applicant must be a current member of the Ninety-Nines for at least 3 months.
2. The applicant must be in good health and not dependent on medication or have any other disqualifying condition. The applicant must have a current medical certificate, if required, appropriate to the rating she seeks.
3. The applicant must train within 55 miles of KSNA.
4. If the applicant is seeking a rating or certificate grade higher than Private Pilot, she must have a current flight review or equivalent and have all rating prerequisites to the rating she seeks.
5. The applicant must be at least 18 years old; there is no maximum age limit.
6. The applicant must be proficient in English.
7. Applicant must submit and sign the Scholarship Application, Cover Page, and the Scholarship Award Attestation.
8. Applications must be postmarked by the application deadline, May 20th of the current year.
9. Scholarship award must be used for the purpose specified in the Scholarship Application.
10. If award is to be used for flight training, it must be used at a certified flight school or through a certified flight instructor approved by the scholarship committee.

### ***Application***

The application must be completed and submitted in full as stated below. Applications which are incomplete will be disqualified.

**Application must be typed or printed legibly.**

**Each application packet must include:**

1. Cover Page
2. Scholarship Award Attestation
3. Signed Scholarship Application
4. Typed or clearly printed essay of 500 words or less
5. Letter of Recommendation from non-family member
6. Photocopy of current medical certificate
7. Photocopy of all aviation licenses and certificates

8. Proof of Ninety-Nines membership minimum of 3 months prior to application
9. Copy of current medical certificate
10. Copies of 2 most current pages of your pilot logbook, if applicable.

Mail Full Application to:

**Diane Myers, Scholarship Committee  
The Eleanor Todd Aviation Scholarship  
533 W. Ave Lobos Marinus  
San Clemente, CA 92672**

**Applications may also be submitted via email (.PDF format)**

**OCninetynines@gmail.com**

The applications will be judged based on the applicant's:

- Activities and commitment to the 99's
- Activities and commitment to aviation
- Ability to reach goals
- Letter of recommendation
- Answers to personal essay questions

***Terms***

1. As the recipient, you must complete the rating or training appropriate to your award within one year of the award date. Special adverse circumstances will be considered if this goal is not met. If your progress is not acceptable to the Eleanor Todd Aviation Scholarship fund committee, all funds paid toward achieving your rating must be reimbursed to the Eleanor Todd Aviation Scholarship fund within 60 days of that decision.
2. The first half of the scholarship will be paid directly to the recipient. Receipts showing progress of training and signed by both student (recipient) and instructor must be submitted to the Scholarship Committee before 2nd half of funds are awarded.
3. Recipients will be encouraged to write an article about their experience, to be submitted to "Plane Tales," the OC 99's newsletter.
4. Scholarships will be awarded at the Orange County 99's, Pilot of the Year Banquet.
5. The recipient will also be required to attend an Orange County chapter 99's meeting to report on the progress toward her goal, or to submit a written report if unable to attend.



## Cover Page

All applications must be signed and received by **May 20th of current year.**

Scholarship Title: ***Eleanor Todd Aviation Scholarship***

Full Name: \_\_\_\_\_

99's Membership #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Scholarship will be used for \_\_\_\_\_ rating/certificate

Current ratings, if any: \_\_\_\_\_

Airman certificate #: \_\_\_\_\_

Medical Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total flight time: \_\_\_\_\_ hours || PIC time: \_\_\_\_\_

hours

BFR date: \_\_\_\_\_

### **Requirements for ALL APPLICANTS:**

- Cover Page
- Scholarship Award Attestation
- Signed Scholarship Application
- Typed or clearly printed essay of 500 words or less
- Letter of Recommendation from non-family member
- Photocopy of current medical
- Photocopy of all aviation licenses and certificates
- Proof of Ninety-Nines membership minimum of 3 months prior to application
- Copy of current medical certificate
- Copies of at least 2 pages of your pilot logbook, if applicable



*I hereby certify that I have read and agree to be bound by the instructions to applicants and that the information contained in this application is true and correct. I understand that the scholarships are offered by individual groups/organizations and that The Ninety-Nines, Inc. has no responsibility or liability whatsoever for any scholarships or awards or the quality of training received. It is my sole responsibility to assure timely receipt of my application by the deadline.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All applications must be signed and received by May 20th of current year.***

Mail Full Application to:

**Diane Myers, Scholarship Committee  
The Eleanor Todd Aviation Scholarship  
533 W. Ave Lobos Marinos  
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## Scholarship Attestation

***By my signature below, I certify that:***

1. I meet the eligibility requirements for the Orange County Chapter of the Ninety-Nine's Scholarship.
2. My Scholarship Application reflects an honest appraisal of my ability to complete the goal stated.
3. My Scholarship Application is complete, true and correct in every respect.
4. I understand that any misrepresentation, concealment, or omission of required information will result in disqualification and withdrawal of remaining scholarship award.
5. I understand that no reimbursement will be made for travel/food/lodging expenses associated with training.
6. I understand that no payment will be made before the Scholarship Chairman has received the returned signed Scholarship Award Letter for Recipient signifying agreement to the stated terms of the award.
7. I assume full responsibility for meeting all deadlines and tracking the progress of my Scholarship Application through the review and selection process.

***I further certify that, if awarded an Orange County Chapter of the Ninety-Nines Scholarship, I will:***

- A. Send a color headshot photo and brief biographical statement of 200 words or less within two weeks of the formal Pilot of the Year Banquet.
- B. Use the funds solely for the specific purpose stated on my Scholarship Application.
- C. Use the scholarship award within one year of the formal Pilot of the Year Banquet.
- D. Communicate training status to the Scholarship Chairman in writing or via email and provide timely notification of changes to personal contact information. Upon completion of the use of the scholarship award, present a report in writing to the Scholarship Chairman or orally at a chapter meeting regarding status and training accomplishments.
- E. Attend at least one Orange County Chapter of the Ninety-Nines meeting within one year of the Pilot of the Year Banquet or to submit a written report if unable to attend.
- F. I acknowledge that I meet all the requirements to receive/maintain my pilot license or A&P or additional ratings. I agree that I will continue to meet all the requirements necessary to receive/maintain my pilot license or A&P or additional ratings during the pendency of this scholarship award.

### ***Reimbursement Clause***

As the recipient, you must complete the rating or training appropriate to your award within one year of the award date. Special adverse circumstances will be considered if this goal is not met. Your status will be reviewed by the Scholarship Committee. Receipts showing progress of training and signed by both student (recipient) and instructor must be submitted to the Scholarship Committee before 2nd half of funds are awarded. Receipts showing completion of training and signed by both student (recipient) and instructor must be submitted to the Scholarship Committee within one year of the award date. **If your progress is not acceptable to the Eleanor Todd Aviation Scholarship committee, all funds paid toward achieving your rating must be reimbursed to the Eleanor Todd Aviation Scholarship fund within 60 days of that decision.**

I, \_\_\_\_\_, agree to the terms of this scholarship.

Scholarship Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A signed copy of this Scholarship Award Attestation must accompany the completed Eleanor Todd Aviation Scholarship Application.***

## **Scholarship Application**

(Deadline May 20th of current year)

*Application must typed or printed legibly. Please include photocopy of current medical and proof of 99's membership of at least 3 months.*

Chapter Affiliation: \_\_\_\_\_

### **Personal Information:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address (If PO Box please also show physical home address):

\_\_\_\_\_  
\_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If yes, check one: \_\_\_\_\_ part-time \_\_\_\_\_ full time

Please state your specific purpose for the use of this scholarship:

\_\_\_\_\_  
\_\_\_\_\_

### **Aviation Experience:**

Planned certificate or rating: \_\_\_\_\_

Written tests passed: \_\_\_\_\_

Types of aircraft flown: \_\_\_\_\_

Total hours: \_\_\_\_\_ PIC hours: \_\_\_\_\_

Multi-engine hours: \_\_\_\_\_ Instrument hours: \_\_\_\_\_

Other aviation related education, if any: \_\_\_\_\_

Other professional or aviation organizations you are a member of: \_\_\_\_\_

Please list any aviation violations or accidents you have had: \_\_\_\_\_

**Ninety-Nines Offices & Involvement:**

List all of the offices that you have held: \_\_\_\_\_

Activities participated in: \_\_\_\_\_

Chapter/Business Meetings attended: \_\_\_\_\_

List the committees that you have been a member of, including dates: \_\_\_\_\_

How many Section or International Meetings have you attended? \_\_\_\_\_

List the 99's flyouts you have participated in: \_\_\_\_\_

What other activities or programs were you a part of: \_\_\_\_\_



### **Essay Questions (500 words or less):**

***Please answer the following questions on a separate sheet of paper in essay format:***

1. What inspired you to get into aviation?
2. What are your long-term goals in aviation? What steps have you taken to achieve your goals? What is your plan of action to reach your goals?
3. What aviation-related activities have you participated in (including employment) that mean the most to you?
4. How would you contribute to The Ninety-Nines and to the aviation community in general?

### **Letter of Recommendation:**

Please include only **1** letter of recommendation from non-family members (e.g. teacher, person in aviation who knows you, current or former employer, guidance counselor, clergy, etc.)

### **Hold Harmless:**

*Neither the Orange County Chapter of the Ninety-Nines International Organization of Women Pilots, Inc., the Southwest Section of the Ninety-Nines International Organization of Women Pilots, Inc., nor their members, agents, or representatives are responsible for the quality of any training received with this scholarship, nor for any accident, incident, or any other event which may occur while the recipient of this scholarship is performing flight training, or activities related thereto; and recipient agrees to sign a hold-harmless agreement in favor of said entities upon receipt of the scholarship and before any flight or training is made. I hereby release the Ninety-Nines and any of its affiliated organizations for all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any activities related to this scholarship.*

*I agree to abide by all the terms and conditions specified on this application. I declare under penalty of perjury that the information I have given here is true and correct and that I meet the eligibility requirement for the scholarship sought.*

Applicant Name (Printed): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Deadline is May 20th of the current year.**