

The John E. Kirk Aviation Scholarship

SCHOLARSHIP APPLICATION

## PURPOSE

## To provide Pilot Training with CRYSTAL AERO GROUP, INC. leading to designation as a Private Pilot – Airplane, Single-engine Land, or advanced training of an equivalent value ($8,750).

## SPONSORED BY

*CRYSTAL AERO GROUP, INC.*

*PO BOX 2050*

*CRYSTAL RIVER, FL 34423*

## ELIGIBILITY

1. Senior in good standing in a Citrus County High School.
2. Seventeen (17) years of age by March of Senior year.
3. Grade point average of 3.0.
4. Strong interest in aviation career.
5. Meet requirements of FAA Third Class medical.
6. Waivers of (2) and (3) will be considered.

## APPLICATION

To CRYSTAL AERO GROUP, INC. PO Box 2050, Crystal River, FL 34423 on form provided. Application is also available on website: [www.crystalaerogroup.com](http://www.crystalaerogroup.com) . Deadline for submission of applications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

## SELECTION

A review committee comprised of the Chairman, CITRUS COUNTY AVIATION ADVISORY BOARD, the President, CRYSTAL AERO GROUP, INC. or their designated representatives and an At-Large member of the community will interview applicants and select a primary candidate and a first and second alternate. Interviews will be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the Crystal River Airport. Applicants unable to attend the interview on the scheduled date will be considered on the basis of record only.

## CONDITIONS

1. The scholarship includes all costs associated with training, including ground school, training materials, dual and solo flights, aviation medical exam and all stage and final flight and ground tests. Value: $8,570.
2. Training must be completed with six (6) months of the date of selection.
3. Flight hours limited to the course norm of forty hours.
4. Employees of CRYSTAL AERO GROUP, INC. and their dependents are not eligible for this scholarship.

## PERSONAL INFORMATION

|  |  |
| --- | --- |
| ITEM | INFORMATION |
| LAST NAME |  |
| FIRST NAME |  |
| MIDDLE NAME |  |
| DATE |  |
| ADDRESS |  |
| TELEPHONE NUMBER |  |
| E-MAIL |  |
| HIGH SCHOOL |  |
| DATE OF BIRTH |  |

**I attest that this person is a Senior in good standing and meets scholastic requirement of 3.0 GPA.**

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| --- |
| **Counselor Name (Signature):** |
| **Counselor Name (Print):** |
| **Counselor of High School:** |

I (the counselor) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

APPLICANT: Please comment below as to why you are applying for this scholarship.

|  |
| --- |
| **Applicant Signature:** |

I (the applicant) understand that checking (clicking) this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.

Mail completed application to CRYSTAL AERO GROUP, INC., PO Box 2050, Crystal River, FL 34423