

CONTACT INFORMATION

Mr Ms Mrs	_ Miss	_		
Full Legal Name Preferred Name				
Date of Birth				
Permanent Address				
Mailing Address (if differe				
City		State	Zip Code	
Email Address				
Primary Contact Number _			Mobile	Landline
Alternate Contact Number			Mobile	Landline
IF YOU ARE UNDER 18 YEA	RS OF AG	E COMPLETE THIS S	SECTION:	
Name of parent(s) or legal Parent/Guardian Address				
City	State	Zip Code	Contact Numb	oer
Parent(s) or Legal Guardia	n(s) perm	ission:		
I/We the parents(s) and or				a and intentions
associated with this schola apply in the scholarship pr Capra Foundation will bea applicant be successfully a	ocess. I/V r no liabil	Ve also understand ity during the instru	that the Tailwinds	s of Hope Zachary
Name		Signature		_ Date
Name		Signature		_ Date
Name		Signature		_ Date

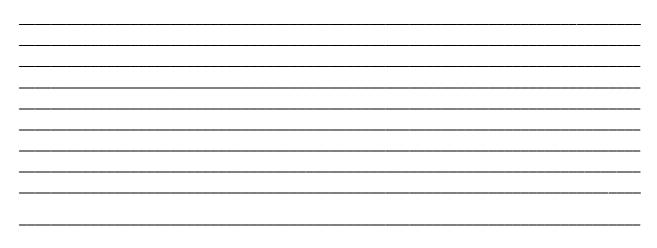
SCHOOLING AND INVLOVEMENT

Are you currently enrolled in school? Yes No					
If currently enrolled in school: provide name of school or college: (include Address, City, State, Zip & Website)					
Highest year of school completed: (Select current or highest completed of High School or College)					
High School: 9 th 10 th 11 th 12 th					
College: Freshman Sophomore Junior Senior Graduate School					
Cumulative GPA: What Scale Expected Graduation Date					
What is your college major?					
Are your official high school or college transcripts: Attached Mailed In					
If in High School or currently in College: Do you plan to attend college: Yes No					
If Yes, which College:					

List any involvement within the past several years that demonstrate leadership and community involvment. Focus on school clubs, school leadership, team or individual sports, volunteerism and/or work experience. (Use additional sheet(s) if necessary).

Activity	Length & Involvement	Titles or Positions	Contact Name and Phone# of Supervisor

List any academic honors or awards, leadership and service volunteer accomplishments, other scholarships or special recognition you have received:



Have you participated in any of the following?

JROTC/ROTC Yes ____ No ____

Civil Air Patrol Yes _____ No _____

Scouting (Highest Rank Achieved) _____

Organized Athletics (Outside of School) _____

Do you have any of the following?

FAA Ground School Completed? Yes _____ No _____

FAA Class 1,2 Medical Certificate? Yes _____ No _____

FAA Student Pilot Certificate? Yes _____ No _____

Are you currently receiving flight instruction at a Part 141 or 61 Flight School? Yes _____ No _____

Any Dual Flight Instruction Hours? Yes _____ No _____

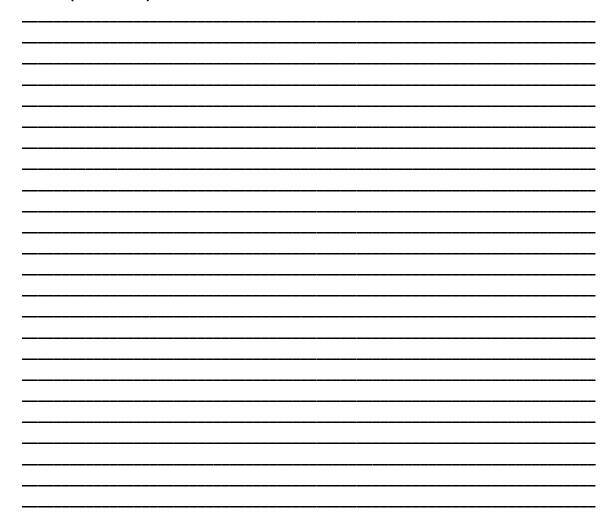
If Yes, How many hours of flight instruction received? Hours ______

ESSAY QUESTION #1

- -
- 1. Why do you want to become a pilot? (300 Words)

ESSAY QUESTION #2

2. Describe your goals, near term and long-term goals: Where do you see yourself in 5 Years? (500 Words)



LETTERS OF RECOMMENDATION

Please attach two (2) letters of recommendations from individuals who can assess your qualities, characteristics, and capabilities of your character. They should have first hand knowledge of your work habits and achievements, along with an understanding of what your ultimate pursuit is, by applying for this scholarship.

When thinking about who to ask to write your letters of recommendation, consider asking one of your teachers that you have worked with in school and who knows you on a personal level. You can also ask your school counselor, employer, coach, mentor, or another adult that will be excited to help you succeed. Asking someone who you have mutual respect for, knows your best skills, and is invested in you future will make your recommendation letter stand out.

Do not ask your parents or other family members to write the letter of recommendation. We want to hear from someone who you have impressed, worked for, or taken classes from.

Limit your letter of recommendation to one page.

Letter of Recommendation #1 Information:

Name _____

Email Address _____

Primary Contact Number ______

Letter of Recommendation #2 Information:

Name _____

Email Address _____

Primary Contact Number _____

FINAL THOUGHTS

We thank you for your time and effort to complete this application.

Is there anything else you would like to tell us?

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge.

Furthermore, I acknowledge that if I attain my Private Pilot Certificate (by successfully passing the flight evaluation check ride) prior to April 4, 2024. I must immediately notify Tailwinds of Hope Foundation since applicants already possessing a PPC are not eligible for the scholarship.

Signature

Date

NFORMATION IS OPTIONAL AND NOT USED IN SELECTION Process How did you receive information about the Tailwinds of Hope Zachary Capra Foundation?

Website ____ School ___ Word of Mouth ___ Internet Search ___ Other ______