ABOUT THE
FLIGHT TRAINING CHALLENGE SCHOLARSHIP

Able Flight's mission is to offer people with disabilities a unique way to challenge themselves through flight training, and by doing so, to gain greater self-confidence and self-reliance.

Flight Training Challenge Scholarships are designed for individuals who seek a challenging flight training experience, but who do not seek a Sport Pilot certificate.

Scholarship criteria:

1. The Flight Training Challenge Scholarship covers up to six hours of in-flight training. The applicant must be willing to commit to a very challenging and demanding flight training experience that will be conducted over a one to three day period. **If required, applicants must be able to schedule up to 5 days for travel to, and instruction at a flight training facility.**

2. Award recipients must agree to allow accounts of their flight training experience to be used in print and electronic media (this includes text, still and video images).

3. Applicants must be at least 17 years old at the beginning of training, and a United States citizen.

4. Scholarships are valid for training only at Able Flight selected and approved flight schools.

4. Scholarships include all flight training, and transportation and lodging as required. Able Flight will make arrangements for transportation and lodging if required.

6. Upon submission, applications will receive an initial review, with some applications selected for follow-up phone interviews. Awards will then be determined by the Able Flight Scholarship Review Committee.

7. Upon notification of award, recipient will be contacted by an Able Flight representative to schedule attendance at flight training. Training will be offered at several locations throughout the United States.

8. Scholarship recipients are notified of their selection by phone, with additional information provided via email. Recipients will be required to provide their Social Security # to the flight school prior to beginning training.

9. If an applicant provides false information on the application, it will void the scholarship.

ABLE FLIGHT™ SCHOLARSHIP

Application Checklist:

Applications that are not complete in every way will not be considered for an award.

Please assemble the following required items in this order:

[ ] After completing all items for the application, sign and date this form, and include a copy of this form as the first sheet of your application.

[ ] **Submit one copy of the scholarship application form including attachments**. Be sure to sign the application, and provide the required attachments in the following order:

[ ] Attach statement from your physician (see application for instructions).

[ ] Attach a photocopy of your driver's license.
To be considered for an Able Flight Training Scholarship Award for training for a Sport Pilot certificate, the applicant must hold a current and valid driver's license issued by their state.*

[ ] Attach your list of personal goals (see application).

[ ] Attach your essay (see application for instructions).

[ ] Attach two letters of recommendation (see application for instructions).

[ ] By checking this box and signing this form, and should your application be accepted for further review, you agree to be interviewed in person by an Able Flight representative. This interview will be conducted at a location convenient to you, and may be audio or videotaped. You also agree that, should you be selected for an award, you may be interviewed for print and electronic media in order to help publicize the Able Flight Scholarship awards program.

Applicant's signature_____Date_____

A signed copy of this checklist must be included with your application.

SCHOLARSHIP APPLICATION

Applications are accepted at any time.

1. Personal Information:

Full Name:

Address:

City: State: Zip:

Home phone:

Cell phone:

Work phone:

E-mail address**:**

2. Work History (last 5 years):

Employer(s): Position(s): Date(s):

3. Previous flight training experience? [ ] yes [ ] no

If answered yes to above, please list ratings and flight schools attended.

Ratings: Flight school(s) attended:

4. Personal Achievements:

A. List school, community and/or business associations in which you are currently or were previously active. (Place a check mark next to the ones in which you are currently active.)

B. List important awards, recognitions or scholarships you have received.

Award(s): Presented by: Date:

C. Scholastic Record - List all grades completed starting with highest level.

School: Location: Graduation date:

D. Attach a single page list of your personal goals.

E. Write and attach a 300-500 word essay describing how you feel an Able Flight Scholarship will change your life.

5. Supporting documents and letters of recommendation:

A. Attach a statement from your attending physician stating the nature of your disability and the effect(s) of the disability upon your level of physical activity. The physician's statement must be submitted with your application.

****VERY IMPORTANT: YOU MUST NOT INCLUDE ANY MEDICAL RECORDS OF ANY TYPE.****

B. Provide two letters of recommendation. One should be from someone who has known you for a number of years, (for example, a teacher, associate from work, etc.), **and** one from a family member (for example a parent, spouse, or a sibling), **or** from a close friend. The letters must be submitted with your application. Please have the writers provide a phone number or e-mail address by which they can be contacted. Please have the writer state their relationship to you.

Applicant's signature:_____Date_____

Please check to make sure that you have completed **all** of the items on the checklist and send your application to:

Able Flight, Inc.
Scholarship Application
91 Oak Leaf Lane
Chapel Hill, NC 27516

Please be patient as your application is reviewed (calls and/or emails on application status are not accepted). After review, all applicants will receive a response concerning the status of their application.

ABLE FLIGHT
ACKNOWLEDGEMENT, RELEASE, AND INDEMNITY

I understand that flight training is a dangerous activity, and have chosen to participate in this activity only after a careful consideration of the risks involved. I understand that the mechanical devices necessary to provide access for people with disabilities to aircraft may increase those risks. I understand that all flight training, as well as transportation and lodging associated with such training, will be provided by third parties, and that Able Flight is not responsible for the actions of these third parties. I understand that Able Flight makes no warranties or representations regarding the quality of flight training instructors or the condition of aircraft used in flight training, and that I am responsible for making my own decisions regarding whether to fly on any particular aircraft or with any particular instructor. I hereby release Able Flight, as well as its directors, employees, and agents, from any liability arising out of or relating to my flight training, including liability for negligence. This release includes, without limitation, claims arising during training flights, while on the ground at the training facility, and while traveling to or from such training. I agree to indemnify Able Flight, as well as its directors, employees, and agents, for any claims against them, including attorneys' fees and other costs associated with the defense of such claims, arising out of my participation in the program.

Signature:_____

Date:_____