



## PILOT INTERNATIONAL SCHOLARSHIP APPLICATION



**Our Mission:** to influence positive change in communities throughout the world.

The Pilot International Scholarship was established in 1988 to provide financial assistance to undergraduate students preparing for a career working with youth leadership and development, helping people with brain safety or fitness, or caring for families during times of need. Scholarships are based on financial need, academic success, and application contents. Scholarships are awarded for one academic year. A student may re-apply and be granted the Pilot International Scholarship for no more than 3 additional years. Award amounts may vary, but will not exceed \$1,500 per year. Applicants must be full time students and if awarded a scholarship must remain a full time student for the duration of the scholarship.



## **Pilot International Scholarship |2**

This application must be postmarked or email time stamped to the Pilot International Headquarters by **March 15.**

This application contains:

Policies Governing Pilot International Scholarships

Scholarship Profile

Student Application

Scholarship Financial Aid Worksheet

Student Agreement

Application Checklist

**Completed applications may be mailed, emailed, or faxed:**

### **Mail**

**Pilot International, Inc.**

**102 Preston Court**

**Macon, Ga 31210**

**Email [sierra@pilothonline.org](mailto:sierra@pilothonline.org)**

### **Fax**

**(478) 477-6978**

**For the 2017-2018 Scholarship Cycle**



### Policies for all Pilot International Scholarships

1. The Executive Committee of Pilot International will provide the overall administration of the scholarship funds.
2. The Scholarship Committee will review and grade scholarship applications and make recommendations to the Executive Committee of Pilot International. The Scholarship Committee will recommend as recipients of scholarships those persons who, in the sole judgment of the Committee, are best suited to further the purposes of the fund.
3. Scholarship funds may be used for tuition and related educational expenses considered necessary by the Executive Committee. Actual amounts awarded may vary.
4. In accordance with IRS regulations, officers, directors, trustees, employees, or current members of the Scholarship Committee of Pilot International are not eligible for scholarship programs sponsored by Pilot International.
5. When an application has been approved, the scholarship recipient will be notified and payment will be made in one installment directly to the applicant's educational institution upon receipt of the appropriate forms.
6. Once approved, a student may reapply annually by submitting an updated application and supportive documents – if the club elects to continue sponsorship of the student. However, any given student may only be awarded a total of three (3) scholarships during his / her academic career.
7. A scholarship applicant is limited to one scholarship award annually. If an applicant is eligible for more than one scholarship, the Scholarship Committee members will decide on the scholarship most appropriate for the individual.



**Applicant's Responsibilities**

1. Provide the appropriate information requested in the scholarship application so the relative merits of the applications may be judged.
2. Have and maintain a cumulative grade point average of 3.0 on a 4.0 scale and a 4.0 on a 5.0 scale.
3. Have completed at least 12 semester hours in a college in the United States or Canada by the application submission date.
4. Be willing to sign and abide by the terms of the Student Agreement.
5. Student's Transcript(s):  
These should be the most recent college-level course work. Transcripts downloaded from school websites are accepted if unaltered and URL is visible at the bottom of the printed page. The student's cumulative GPA must be listed. If GPA is not listed, an official paper copy must be requested by the applicant from the school's registrar and submitted with the application.
6. Two letters of Recommendation:  
These should address character, commitment, and ability. Letters must be dated within 12 months of the date of application. The letters should be from qualified persons such as a professor who has taught the applicant, a faculty advisor, or an employer. If these arrive in sealed envelopes, the club should open the envelope to verify the letter.

**Scholarship Applications that are incomplete or do not include all of the appropriate documentation will not be processed.**



**Student Application**

**(Information must be typed)**

**Applicant’s Responsibilities:** All applicants are required to-

Provide the appropriate information requested in the scholarship application so the relative merits of the applications may be judged.

Have and maintain a cumulative grade point average of 3.0 on a 4.0 scale and a 4.0 on a 5.0 scale.

Have completed at least 12 semester hours in a college in the United States or Canada by the application submission date.

Be willing to sign and abide by the terms of the Student Agreement.

**Biographical Information:**

**Applicant’s Name:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_ **Phone /**

**Email:** \_\_\_\_\_ **Current Occupation**

**(if applicable):** \_\_\_\_\_

**Academic Record:**

**1. Educational Background:**

**Please provide the name and location of the schools you have attended:**

**Secondary:** \_\_\_\_\_ **Previous**  
**College/University (Please use this portion to indicate previous enrollment in a Community**  
**or Junior college setting as well):**

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

**Degree Earned (if applicable):** \_\_\_\_\_

**Academic Status at the beginning of the term of scholarship:**

\_\_\_ **Freshman**                      \_\_\_ **Sophomore**                      \_\_\_ **Junior**

\_\_\_ **Senior**                              \_\_\_ **Masters Candidate**                      \_\_\_ **Doctoral Candidate**

**Most Recent GPA:** \_\_\_\_\_ **Cumulative GPA:** \_\_\_\_\_ **Hours Completed:** \_\_\_\_\_

**Additional hours needed to complete degree:** \_\_\_\_\_



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**Planned degree:** \_\_\_\_\_ **Anticipated Graduation Date:** \_\_\_\_\_

**Name and Address of College / University you are attending or plan to attend:**

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Current**

**Accreditation Status and Accrediting Body:**

\_\_\_\_\_

**2. Career Objectives:**

A. What are your educational goals? (Include curriculum and major to be pursued)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ B.

What are your career goals in 100 – 150 words?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. The mission of Pilot International is to improve the quality of life for people who are brain injury survivors and / or live with another brain related disorder or disability. In an essay of 100 – 300 words explain how you will use your education to further this mission.

**Please attach any additional documents necessary to fully expound on the essay questions above.**

**For the 2017-2018 Scholarship Cycle**



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### 3. Financial Need:

A. Describe your financial situation:

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B. Please give your estimated expenses and other sources of funding for the upcoming academic year.

- A financial aid worksheet is included with this application. Please carefully follow all instructions that are listed on the worksheet. You will have to have the college financial aid office assist you with this worksheet.

**4. Attach a summary of volunteer hours and employment history. You may also include a current resume.**

**5. Attach two letters of recommendation dated within 12 months of this application.**

**Use the checklist provided to ensure your application is complete prior to submitting your application.**



**Financial Aid Worksheet**

**This form must be completed & submitted whether or not the student is receiving financial aid.**

Check One: \_\_\_ Full Time      \_\_\_ Part Time

**Part 1 – To be completed by student**

Complete Part 1 of the Financial Aid Worksheet (FAW), authorizing release of information and submit it to your Financial Aid Office which should complete Part 2. The FAW should then be returned to you with a signature and an official stamp affixed to the bottom.

Name: \_\_\_\_\_ ID # \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Phone / Email: \_\_\_\_\_ I

authorize you to release the information requested in **Part 2**.

Student's signature: \_\_\_\_\_

**Part 2 – To be completed by the school's financial aid officer (ONLY)**

Please complete sections A – E, sign, affix an official stamp of the school, and return directly to the student. Only this original FAW is acceptable. Thank you in advance for your assistance. If tuition cost has not yet been determined for the upcoming year, please use the current year's costs.

**Section A.**

Estimated Student Expenses for Academic Year: \$\_\_\_\_\_

Tuition \$\_\_\_\_\_ Fees

\$\_\_\_\_\_

Books \$\_\_\_\_\_

Living Expenses \$\_\_\_\_\_

On Campus: \_\_\_ Off Campus: \_\_\_ With Family: \_\_\_

Total Expenses (A) \$\_\_\_\_\_





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**Section B.**

Assistance received or benefited from at this institution. (Include estimates if actual figures are not available.)

<b>List all Grants/Scholarship Awards</b>	<b>Amount</b>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total (B)</b> \$ _____	

**Section C.**

Student loan history at this institution (Include estimates if actuals figures are not available.)

<b>Type (Received/Pending)</b>	<b>Date</b>	<b>Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total (C)</b> \$ _____		

**Section D.**

Please list total amount personally contributed by the student or the student’s family.

**Total (D)** \$ \_\_\_\_\_

**Section E.**

**Financial Aid Officer-Please sign and date the final portion of the financial aid document.**

**Financial Need Analysis**

Student Expenses (A) \$ \_\_\_\_\_

**Less**

Estimated Aid (B + C) \$ \_\_\_\_\_

Family Contributions (D): \$ \_\_\_\_\_



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**Equals**

Estimated Need: \$\_\_\_\_\_

\_\_\_\_\_

**Authorized Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

**Title**

**Name of Institution:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_



**Pilot International Scholarship Checklist**

<p><b>This checklist shows all requirement for all scholarships. This sheet MUST be included with the application packet. If items are not completed and/or included, the application CANNOT be processed.</b></p>	
	<b>Check Task As Completed</b>
<b>Deadlines have been met.</b>	
<b>Application is TYPED including essays.</b>	
<b>Completed Forms:</b>	
<b>Student Application (Including Essays)</b>	
<b>Student Transcript(s)</b>	
<b>Financial Aid Worksheet</b>	
<b>Two Current Letters of Recommendation</b>	
<b>Correct Student Agreement with Witnesses</b>	
<b>Volunteer Service &amp; Employment History</b>	
<b>GPA meets Criteria</b>	
<b>Student Meets Criteria</b>	
<b>Checklist</b>	

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Scoring Ranges**

- A. Academic Record (15-25)                      D. Volunteer Service/Employment (1-20)
- B. Career Plans (15-25)                      E. Letters of Recommendation (1-5)
- C. Financial Need (10-20)                      F. Organization/Presentation (1-5)



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**Student Agreement**

**Check one: Full Time \_\_\_ Part Time\_\_\_**

I have applied for the Pilot International Scholarship. Should a scholarship be awarded to me, I understand and agree to comply with the following policies:

-I will be cognizant of my representative of Pilot International and my school and uphold the ethics and principles of both.

-I will notify Pilot International in advance of any intent to change my major or curriculum from the one approved for my scholarship. Notification will be made prior to making such a change, as it could alter my scholarship eligibility.

-In order to continue receiving this scholarship, I understand that I must maintain a cumulative grade point average of 3.0 on a 4.0 scale and a 4.0 on a 5.0 scale.

\_\_\_\_\_  
**Applicant's Printed Name** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's**  
**Signature**

Please provide the following information from two witnesses:

	Witness #1	Witness #2
Printed Name :	_____	_____
Address:	_____	_____
	_____	_____
Phone: _____		_____ Email:

\_\_\_\_\_  
**Signature:**  
\_\_\_\_\_