THE HONOURABLE COMPANY OF AIR PILOTS
incorporating Air Navigators

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GLIDING SCHOLARSHIP APPLICATION FORM

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING.

Your unique identifier is your first forename and surname initial followed by the date and month of your birthday in DDMM format. (eg Joe Bloggs born on 17/02/2001 = JB1702).

Unique Identifier:	F	S	D	D	M	M	Age Group (please circle)	16-18, 19-21, 22-25

Names of Schools / College / University With dates attended:	**Academic Qualifications** list subjects and grades and state if achieved or predicted **GCSE (actual, predicted or equivalents)** **A levels (actual, predicted or equivalents)** **University and Higher Education**

SUMMARY OF CAREER and/or WORK EXPERIENCE (Starting with your last or present position)

Employer	Dates	Position and Duties

Do you have any previous flying experience? If so, please list below including type, hours and date ranges:

Tell us why you think you would enjoy gliding?

Max 50 words

Tell us what you will personally gain from a gliding scholarship and how it will help your career?

Max 100 words

Tell us about a time that you have demonstrated a quality that you think is characteristic of a good glider pilot?

Max 75 words

Signature _____ Date _____

Signature of Parent/Guardian if applicant is **currently** under 18 years old

Signature _____ Date _____ Relationship to Applicant _____