

Sporty's Pilot Shop
Aviation Explorer Scholarship Program
Application

PERSONAL INFORMATION

Please Print

Name _____ Date of birth _____ Age _____

Street address _____

City _____ State _____ Zip _____

Telephone _____

Name of parent(s) or guardian(s) _____

Signature of parent(s) or guardian(s) _____

ADVISOR INFORMATION

Date of application submission _____

Post No. _____

Post aviation specialty _____

Participating organization name _____

Advisor's name _____ Home telephone _____

Work telephone _____

Advisor's street address _____

City _____ State _____ Zip _____

Advisor's recommendation signature _____

Learning for Life representative's signature _____

Name _____ Date _____

Title _____ Telephone No. _____

Learning for Life headquarters city _____

Submit a black-and-white glossy photo (such as a passport photo) for publicity purposes in the event of selection.

Send to ***Aviation Explorer Scholarship***
Learning for Life, S210
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, TX 75015-2079

