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| **ARMSTRONG / ISAACS BURSARY APPLICATION FORM** | |
| Name: |  |
| Date of Birth: |  |
| **Contact Details – Please complete all details below clearly**: | |
| Postal Address |  |
| Email |  |
| Mobile / Tel |  |
| Name of proposed FTO **and name of the CFI and postal address:** |  |
| Total hours flown: |  |
| Aircraft types flown: |  |
| Total instructional hours flown on current PPL course (incl solo hrs): |  |
| Total course solo hours: |  |
| Ground examinations passed: |  |
| Aviation awards and qualifications held: |  |
| Medical validity ie/ Class 2, LAPL, Pilot Medical Declaration: |  |
| How have you funded your training so far? |  |
| Tell us Why You Want To Fly (***max 250 words***) |  |
| What are your plans for the future (***max 250 words***) |  |
| In one sentence explain why you deserve the award: |  |

NOTE: Hours, qualifications etc should be as of the application date.

I agree to abide by the decision of the Selection Panel and, if selected, the conditions of the Bursary. I hereby certify that all the information included in this application is true to the best of my knowledge.

Signature: Date: