

Bob Shannon Memorial Scholarship 2010

A scholarship grant of \$1500 is open to young men and women between the ages of 16 and 19 years of age who are interested in learning to fly. This award is for primary flight training and no previous flight experience is needed.

Applicants must reside in the Greater Delaware Valley area and must be available for a personal interview with a review board which selects the winning applicant. Interviews will be held on **Sunday, June 6th**. Applicants must be able to utilize the scholarship within one year of the date of the grant. They are expected to contribute the cost of 25% of their training. The award will be paid to the certified flight training facility chosen.

Forms should be sent to:
Bob Shannon Scholarship Trustees
c/o Mrs. Adelle M. Bedrossian
810 Crum Creek Road
Springfield, PA 19064

Deadline for applications to be returned is May 15

[See next page for Application]

Bob Shannon Memorial Scholarship Application

The applicant should answer the following questions and return the numbered answers directly to the Bob Shannon Memorial Trust, c/o Adelle M. Bedrossian, 810 Crum Creek Road, Springfield, PA 19064. In listing memberships and activities, list the type but not the name of any that would reveal your race, religion, place of birth, or national origin.

- 1) Name, Address, Phone Number and Date of Birth of Applicant.

- 2) Name, Address, Phone Number and Occupation of Parent or Guardian.

- 3) List name of High School or College and present Grade level. List math and science courses taken and the latest final grade in those subjects.

- 4) List any full or part time jobs you now have or have had, the average hours per week of work, length of time in each employment, and name and addresses of employers.

- 5) List athletics/sports in which you have participated either in or out of school, the years active, and any awards achieved.

- 6) List clubs or organizations you belonged to in Junior or Senior High School, the years and any major offices held or ranks attained, including memberships in community groups.

- 7) List any previous aeronautical education experience including hours of dual or solo flown. List the names of any General Aviation airports you have visited.

- 8) What person or persons have had the greatest influence on your interest in aviation, and why do you wish to learn to fly?

- 9) Who or what first called your attention to the Bob Shannon Memorial Scholarships?

- 10) Have you now or have you had any chronic illness, mental or nervous disease or physical disability which might result in the denial of an aviation medical certificate?

I hereby certify that all statements on this application are correct to the best of my knowledge and understand that falsification or omissions of information will result in disqualification of this application.

Date Signature of Applicant

Date Signature of Parent or Guardian