



YOUNG AVIATORS SUMMER PROGRAM
SCHOLARSHIP APPLICATION FORM

Applicant's Full Name: _____

Home Address: _____

City: _____

Phone: _____ e-mail: _____

I am requesting scholarship assistance to be able to attend the Young Aviator Summer Program because:

1. Please enclose a supporting letter from parent/guardian confirming the financial need requested.
2. Please enclose a Letter of Recommendation from a school teacher or staff member that will verify your ability to perform well in the Young Aviator Summer Program if selected for scholarship assistance.

Questions? Scott Sellers [262] 639-6452 or Steve Myers [262] 681-2528 and/or go to www.young-aviators.com.