

Santa Barbara Chapter, The Ninety-Nines Inc.

The Joan Steinberger Aviation Scholarship Application Packet

Application Deadline: Sept. 30, 2011

The Joan Steinberger Aviation Scholarships were founded in 2000 to honor a long-time aviatrix and founding member of the Santa Barbara 99s. For almost 60 years, Joan has been a mentor and role model to many women interested in flying. The scholarships were founded to honor Joan's pioneering spirit and infectious enthusiasm for aviation. There are two scholarships: the Private Pilot and the Advanced Pilot. Some preference is given to candidates who can show financial need.

Private Pilot applicants must be female student pilots, with an FAA Medical who has soloed and is a SW Section 99 Future Woman Pilot. Awards range from \$500-\$2,000, are paid directly to the school or CFI and must be used within one year.

Advanced applicants must be a SW Section 99 and have a current medical certificate appropriate for the rating being sought. Awards range from \$500-\$2,000, are paid directly to the school or CFI and must be used within one year.

To apply, fill out the application and send it with a personal statement (max 1,000 words) and a copy of your Airman Certificate and/or FAA Medical. Please also mail two letters of recommendation: one from another 99, one from someone who has known you for at least one year. In addition, please have your CFI fill out the separate recommendation form at the end of this application.

Winners will be notified no later than Oct. 31, 2011. The application must be received and the accompanying documents mailed or emailed to this address by Sept. 30, 2011.

**Terry Harris, Scholarship Chair
Santa Barbara Ninety-Nines
4612 Via Roblada
Santa Barbara, CA 93110
Email: terry@flywithjoy.com**

2011 JSAS Application

I. TYPE OF SCHOLARSHIP

- Private Pilot Scholarship
- Advanced Pilot Scholarship

II. PERSONAL INFORMATION

Name (First, Middle, Last)	Date of Birth	Place of Birth
Permanent Mailing Address Including City, State, Zip Code		
Phone (including area code)	Email	
Airman Certificate Number	Total Flight Time	

III. AIRMAN AND MEDICAL CERTIFICATES (Please attach copies of your certificates.)

Ratings	Date Obtained	Start and Finish Dates	Hrs Flown For Rating	Flights Schools/Locations
Student				
Private				
Instrument				
Commercial				
Multiengine				
CFI/CFI-I				
Rotorcraft				
Other				

Date and Class of current medical _____

Have you had any accidents, incidents, violations or letters of warning from the FAA? (If yes, please describe and attach separate sheet if necessary.) _____

Have you ever failed a written, practical or oral FAA or flight school-administered exam or checkride? (If yes, please explain. Add separate sheet if necessary.) _____

IV. FLIGHT EXPERIENCE

ASEL_____

AMEL_____

Rotor_____

Glider_____

LTA_____

Other (state category)_____

Instrument_____

Dual Received_____

PIC_____

SIC_____

Dual Given_____

Ground Trainer_____

Are you the first person in your family to pursue aviation?

Aviation achievements/experiences/scholarships

V. EDUCATION AND OTHER TRAINING

Dates Attended From/To	Major/MinorGPA	Name and Location of School	Highest Degree or Level Completed

Other non-aviation training or certifications completed_____

Academic honors, scholarships, awards_____

Professional/Academic Affiliations_____

VI. EMPLOYMENT RECORD (Last five years, most recent first, and attach a separate sheet if necessary.)

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FROM _____ TO _____

SALARY _____

YOUR JOB TITLE _____ YOUR SUPERVISOR'S NAME _____

JOB DUTIES & REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FROM _____ TO _____

SALARY _____

YOUR JOB TITLE _____ YOUR SUPERVISOR'S NAME _____

JOB DUTIES & REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FROM _____ TO _____

SALARY _____

YOUR JOB TITLE _____ YOUR SUPERVISOR'S NAME _____

JOB DUTIES & REASON FOR LEAVING _____

COMPANY NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FROM _____ TO _____

SALARY _____

YOUR JOB TITLE _____ YOUR SUPERVISOR'S NAME _____

JOB DUTIES & REASON FOR LEAVING _____

VII. PERSONAL INFORMATION

Activities, hobbies, affiliations _____

VIII. STATEMENT OF FINANCIAL NEED

Total household income _____

Does a family member provide free or discounted living accommodations? If yes, please explain.

Are you provided with free or discounted flight time or instruction? If yes, please explain.

Please add any additional information that will help us assess your financial need for these scholarship funds (attach additional sheet if necessary.)

IX. PERSONAL STATEMENT (attach as separate typed sheet(s))

In 1,000 words or less, write an essay about yourself. Topics to discuss should include: How your interest in aviation began, your flying experience, your aviation goals, your participation in the 99s, any other aviation-related activities you may be involved in, how you've helped others become interested in aviation, your aviation mentors. Your final paragraph should describe your aviation goals and how the JSAS Scholarship will help you achieve them.

X. ADVANCED RATING APPLICANTS ONLY: ESTIMATED FLIGHT TRAINING COSTS

Rating you are seeking to obtain with this scholarship _____

Approximate hours required to complete rating _____

Proposed flight school name and location _____

TOTAL ESTIMATED COST INCLUDING CHECKRIDE _____

Neither the Santa Barbara Chapter of The Ninety-Nines, Inc., the Southwest Section of the Ninety-Nines, Inc., The Ninety-Nines, Inc., or their members, agents or representatives are responsible for the quality of any training received with this scholarship, or for any accident, incident, or any other event which may occur while the recipient of this scholarship is performing flight training or activities relating thereto, and recipient agrees to sign a hold harmless agreement in favor of said entities upon receipt of the scholarship and before any flight is made.

I certify that all of the information in this application package is true to the best of my knowledge and I agree to abide by the rules and regulations of the above mentioned organization.

Applicant's Signature _____ **Date** _____

Santa Barbara Ninety-Nines, Inc.

**Joan Steinberger Scholarship Application
CFI Recommendation Form**

To be completed by your previous (or current) flight instructor, or authorized person at your present flight training school. Please type or print legibly. Use separate sheet if necessary.

Name of Applicant _____

Rating/Certificate she intends to undertake: _____

Previous courses completed under your instruction (if any): _____

Course Duration _____ Start Date _____ End Date _____

Details: _____

Use reverse side or separate sheet to record your comments about the following:

2. Briefly describe the applicant during the training process. (Conscientious, attentive, self-motivated, well prepared, prompt?)

3. Describe her participation in aviation community, related events, meetings or discussion groups. Does she assist others when they encounter problems with their flying? Is she proactive in her flying and interactions with others in the aviation community?

4. How does this applicant demonstrate her desire to pursue aviation and give back to the local aviation community rather than just advance her own personal skill level? Does her present level of competency allow her to complete the scholarship training without undue additional time or funding?

Signed _____ Flight Instructor's Name/CFI#: _____

Flight School Name/Address _____

CFI Address/Phone _____