



AIRSERVICES AUSTRALIA



RECREATIONAL AVIATION AUSTRALIA INC

**AIRSERVICES AUSTRALIA & RECREATIONAL AVIATION GYFTS**

**APPLICATION FORM**

**Part 1: Name and Contact Information**

1. Full Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

4. E-mail Address: \_\_\_\_\_

5. Telephone: AH \_\_\_\_\_ Mobile \_\_\_\_\_

6. Name of the Flight Training School where you are learning:  
\_\_\_\_\_

7. Name of your flight instructor: \_\_\_\_\_

Please attach a photograph or jpeg file of yourself taken within the last 12 months.

**I understand that Recreational Aviation Australia and Airservices Australia will accept no liability whatsoever during any phase of the Scholarship should I be awarded this Scholarship. In the event of my application being successful, I consent to RA-Aus and Airservices releasing to the public, my name, age, town or suburb of residence and photograph for the purposes of promoting Airservices/RA-Aus sponsorship.**

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AIRSERVICES AUSTRALIA & RECREATIONAL AVIATION GYFTS**

**Parent/Guardian Consent**

I HEREBY CERTIFY that I fully and unconditionally agree to completely indemnify Airservices Australia and Recreational Aviation Australia, its officers, directors and members against all liability resulting from any injury or death that may be sustained by my son/daughter/ward whilst participating in flying instruction, flying training or any associated activity funded by this award.

I have read and understood the Declaration of Indemnity and assumption of risk agreement above and agree that both shall apply to any activity undertaken by my son/daughter/ward as a result of the scholarship provided by Recreational Aviation Australia.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Print Name and Address: \_\_\_\_\_

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**N.B. The witness must be a non-family member**

**Part 2: Please indicate the types of assistance for which you are applying.**

- a. Flight lessons       b. Theory books



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**Part 3a: Personal Profile**

1. Are you currently a student?  Yes  No

Name of High School/Tertiary Institution: \_\_\_\_\_

Year: \_\_\_\_\_ (10, 11, 12 or University, TAFE, etc.)

**Part 3b: Letters of Recommendation**

Please attach two letters of recommendation from individuals that can attest to your character and personality. Recommendations should come from individuals such as teachers, faculty members, coaches, ministers, work supervisors, organisation leaders in which you are involved. Do not include relatives. Recommendation letters must include length of time the individual has known the applicant and in what capacity. Specific examples should be used to describe the attributes of the applicant.

**Referee 1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: AH: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Referee 2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: AH: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_



## AIRSERVICES AUSTRALIA & RECREATIONAL AVIATION GYFTS

### Part 4: Essay

An essay of 1,000 words (maximum) is required from applicants and forms an important component of this application. It should be word processed and double-spaced. The essay will be judged on the following elements:

Element 1:

Why do you want to become a pilot and how important is it to you to learn to fly and perhaps pursue a career in aviation?

Element 2:

What flying experience have you had?

Element 3:

How will this scholarship help you reach your goals? Why do you think you deserve this scholarship support?

#### **Please note:**

**The scholarship funds are to be used between the date of the announcement of winners and December 31, 2010. It is not possible to back date the payment of funds to the scholarship winner, prior to the announcement date. Funds will be paid directly to the Flight Training Facility.**

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Thank you for your application.

Please return all required parts of the application to:

Dr. Carol Richards – Chair GYFTS Scholarship Committee  
RA-Aus, PO Box 1265  
Fyshwick ACT 2609

For any further enquiries, please contact:

Dr Carol Richards  
0407 574 467  
carol.richards@bravo.net.au

**Applications close on, and must be post marked no later than, the:  
31<sup>st</sup> of January 2010**